DHMH - 16 50M 4/83 (VRA 15, 4)

FOR - STATE REGISTRAR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

- 1	A		11	a
REG. NO.	4	2	4	0

25 Pt 100						NEO. 140.					
LYPE OR PRINT	FIRST		MIDDLE		AST	20 DATE OF DEATH MONTH	DAY YEAR	26 HOUR			
	Irene	Ma	arle	A	dams	May 23, 1987	7	. A			
3 SEX		4. RACE		5. DATE C		6. AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS				
Female		White	2	July	23, DAY 1929 YEAR	57 _{YR}		, and			
7a BIRTHPLACE (ST.	ATE OR FOREIGN		WHAT COUNTRY?	8 AAADDIE	NEVER MARRIED	9. BALTIMORE CITY OR COUNTY OF DEATH					
Mass.	6.11.38	U.S.	Α.	WIDOWE		Howard Co	ounty	MD			
10 CITY OR TOWN C	F DEATH		HOSPITAL, NURSING FACILITY, GIVE STREET		OR OTHER INSTITUTION	120 USUAL OCCUPATION 176 KIND OF BUSINE					
Ellicott		3451	Blackber	ry La	ne	Owner		alty			
USUAL RESIDENCE	IF NURSING HOME OR		GIVE RESIDENCE BEFOR		13d INSIDE CITY LIMITS?	12. CYPEET ADDRESS / 7ID CO	ODE				
Maryland	Hows		Ellicot		YES NO A	3451 Blackbers	ry Lane	21043			
A FATHER'S NAME					15. MOTHER'S MAIDEN NA						
Harold		MIDDLE	Corman		Catheri	ne	14	151			
60 WAS DECEASED	EVER IN U.S. AR		166 SOCIAL SECU	JRITY NO.	17 INFORMANT	ADDRESS					
(YES, NO OR UNKNOW	(IF YES, GIV	E WAR OR DATES)			Michael Adams	4020 Chelmont	Lane Boy	wie 2071!			
		1	1 2 2 2 2 2 2 2					XMATE INTERVAL			
PART I. DEA	ATH WAS CAUSE	D BA:	line (01, 101, or		Plubol	us	BETWEEN	ONSET AND DEATH			
	IMMEDIA	E CAUSE (0)	Mulm	mas	y un						
	Conditions, if ony, which (16) DUE TO, OR AS A CONSEQUENCE OF Concessions of the overy										
Conditions, if	4										
gove rise to		S DUE TO O	R AS A CONSEQU	ENCE OF			7				
underlying	underlying couse lost.										
PART 2 OTHER	RSIGNIBICANT	ONDITIONS CO	ONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	MAL DISEASE OR CONDITION	GIVEN IN PART 1	In			
8 1/1	16911	mad	- me	Has	tores, &	nuen					
190 DATE OF O	PERATION	196 COMDI	TION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPSY? 20b JF	YES, WERE FIND	INGS USED			
# mot 3.	0/456	1/31	wel 0	Test	willen	YES TO NOTE	RTIFYING CAUSE	S OF DEATH?			
210. ACCIDENT W	AS UNDERLYING	216. TIME O	FINJURY		21c HOW INJURY OCCURE	RED (ENTER NATURE OF INJURY IN ITEM					
OR CONTRACTOR	G CAUSE OF DEA	HOUR A.	M. MONTH D								
(IF EITHER, NOTIF	Y MEDICAL EXAMINER			19	AUL LOCATION						
(IF EITHER, NOTIF		21e PLACE (EET, FACTORY, OFFICE, I	FARM ETC)	211 LOCATION STREET	CITY OF TOWN	COUNTY	STATE			
AT WORK	AT WORK										
1 1			e deceosed from_		. 19	, to		, that (I) (we) lost			
hibaye, (h)	eceased olive on	t) wew the body	ofter death.	, or	nd that in (my) (our) opinion (death occurred on the date and	hour and from the	e couses stoted			
20 SIGNATUR		N	. /		DEGREE		22c. DAT	ESIGNED			
Kall	10014	NUOS	er/		ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN					
126 PHYSICIAN	IS NAME (1995)	e Pilotti.	-		22e ADDRESS						
1	Dor	sev	1		6701 N	. Charles St. 2	21 204				
230. BURIAL, CREMAT	- AC	-	236.	NAME OF C	EMETERY OR CREMATORY	234 LOCATION					
Burial	, ALMOTAL	5-26-	100			CITY OR TOWN	COUNTY	Marylan			
DUTTAL	08	3-20-	-0/ [C]	restla	WII	IMarrlottsvill E REC'D. BY REGISTRAR 256. REC	LeHoward				
		TO	ADDRESS		. 1/1		tia Durid	ACCO Pan			
Slack Fur	neral Ho	me PO Bo	ox 268 El	Lllcot	t City May	MAY 9 7 1097	June 1000				

and, class control and the re-1 lco cer 2 c 1 3 acos II coca SPITO ENG DICES 20000 place state of the County Bush. Iss of Merr cates 110 c are

5	МАУ	19	17-	FOR STATE REGISTRAR		DE	PARTMENT OF	E OF MARY	MENTAL HYGI	IENE 8 7 REG. N	0. 4	1549
				CEASED NAME	FIRS1	MIDDLE		LAST		20 DATE OF DEATH	MONTH DA	Y YEAR 26 HOUR
poge 3	0		(110)	OR PRINT)	Marie	В	Ad	ams			5-1	2-1987 1:00AM
ector, po	rs offer o		3. SE	Female		White	S. DATE (YEAR OS	6 AGE (IN YEARS LAST BIR	YRS	FUNDER I YEAR IF UNDER 24 HRS
erol dire	out 7 hou	7	7a B1	RTHPLACE (STATE OR	OREIGN 7b	CITIZEN OF WHAT COU	NTRY? 8 MARRIE		MARRIED	BALTIMORE CITY		
by the fun	Dor fred o	0	18 61	residence	nd 11.	NAME OF HOSPITAL, N (IF NOT IN SUCH FACILITY, GIV.		- Labor		12a USUAL OCCUPAT (TYPE OF WORK FOR MOST O		12% KIND OF BUSINESS OR INDUSTRY
filled in	Sunst Bush	5	13a S	AL RESIDENCE (IF NURS	ING HOME OF OTH		E BEFORE ADMISSION) R TOWN	13d. INSIDE	CITY LIMITS?	130 STREET ADDRESS	4108	Highland mydz.
a bound	Xoming	31	14. FA	THER'S NAME FIRST	W.P	Bit	iler	15. MOTHER	S MAIDEN NAM	MIDDLE MIDDLE		Lones
on o ho	medical	1		VAS DECEASED EVER (ES, NO OR UNKNOWN)	IN U.S. ARMEI	D FORCES? 166 SOCIA AR OR DATES) HOL	24-0745	17. INFORM	u Gutar	ADDR 3887 R		0. 1. 0
g physicio	removol.			18 CAUSE OF DEAT PART I. DEATH W	H (Enter only o AS CAUSED B IMMEDIATE C		to, and ich					APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
by the offendin	ol, cremotion, or r other traumotic			Conditions, if ony, gove rise to imm couse (o), stotin underlying couse	nediate g the	DUE TO, OR AS A CON (b) DUE TO, OR AS A CON (c)						
en signe	or to buri		NOIL	PART 2 OTHER SIGN	p from	Por ; by	G TO DEATH BUT	NOT RELATE	D TO THE TERMI	NAL DISEASE OR CON	DITION GIVE	V IN PART IIO
e hos be	hows on	2	CERTIFICATION	190 DATE OF OPERAT	ION	196 CONDITION FORV	VHICH OPEŘÁŤIO	N WAS PERF	ORMED	YES NO	206 IF YES, IN CERTIFYI YES	WERE FINDINGS USED ING CAUSES OF DEATH?
ng physic certificot	entol Hyg Item 18 sh	9		OR CONTRIBUTING C	AUSE OF DEATH	21b. TIME OF INJURY HOUR A.M. MONTI P.M.	H DAY YEAR	21c HOW II	NJURY OCCURRE	ED (ENTER NATURE OF INJU	RY IN ITEM 18 PAR	T I OR PART 2)
offendir	h ond M	9	MEDICAL	21d INJURY OCCURE WHILE NOT WH AT WORK AT WOR	ILE 🗍	21e PLACE OF INJURY AT HOME, STREET, FACTORY O	OFFICE FARM ETC)	211 LOCAT	ON T	CITY OR TO)WN	COUNTY STATE
TOR A	of Heolf	20		saw the decease	d olive on	ottended the deceosed			, 19 <u>.86</u>) (our) opinion d	, to5/1/ eath occurred on the d	ote and hour o	2.87 , that (I) (we) last and from the causes stated
by the hos	Stote Dept.	17		226 PHYSICIAN'S NA	ed E.	Outle	pu	DEGREE	ATTENDING PHYSICIAN	MEDICAL STA		22c. DATE SIGNED 5/12/87
TO FUNE	with the	/		DONALD E						andy Sprin	g Rd.Ol	ney,Md.20832

DHMH - 16 50M 1/81 (VRA 15, 4)

BP.

State Anatomy Board

5-12-87

23b. DATE

230 BURIAL, CREMATION, REMOVAL (SPECIFY)

24 FUNERAL DIRECTOR

Removal

Balto., Md MAY 10

231 NAME OF CEMETERY OR CREMATORY

23d LOCATION CITY OR TOWN

COUNTY STATE

W-10

4-1

/3/45 08 - 811/9 - /7/45

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FOR -STATE

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may be

DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE OF MARYLAND

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	23	23	5	-
REG. NO.				

	0	INEGISTRAK					REG. N	J.						
		CEASED NAME FIRST		MIDDLE	L.	A51	20 DATE OF DEATH	MONTH	DAY	YEAR	26 HOU	R		
	(ITPE	June		Jennings		Ames	May 23.	198	37		11:11	TAM		
	3 SEX		4 RACE		5. DATE C	F BIRTH	& AGE (IN YEARS LAST BIR	THDAY)	IF UNDE		# UNDER	24 HRS		
		Female	Cauca	asian	10	/10/13 YEAR	73	YRS.	MONTHS	DATS	HOURS	entire.		
10		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	9 BALTIMORE CITY		Y OF DE	ATH						
0		California	Т	JSA.	WIDOWE	D NEVER MARRIED D DIVORCED XXX	Howard MD							
200		TY OR TOWN OF DEATH	11. NAME OF	HOSPITAL, NURSIN	IG HOME C	R OTHER INSTITUTION	120. USUAL OCCUPATE	ON	12b.		BUSINE	SS OR		
	(Columbia	9617	Hasting	s Dr	ive	Retired		R	est	aura	ant		
S. S. S.	13a S	AL RESIDENCE (IF NURSING HOME OF TATE 136 COU aryland Ho		GIVE RESIDENCE BEFORE 136. CITY OR TOW Columb	N.	13d. INSIDE CITY LIMITS?	13 STREET ADDRESS 9617 Has	zip con	es D	riv	(0)	46		
-		ATHER'S NAME				15 MOTHER'S MAIDEN NA								
57)]	Homer	MIDDLE	Jennin	ıgs	A.lice	MIDDLE		A	tta				
0 /		WAS DECEASED EVER IN U.S. A		166. SOCIAL SECU	RITY NO.	Loretta An	ADDRI	55						
1		YES, NOOR UNKNOWN) (IF YES G	A.	573-10-	8614	9617 Hasti	ngs Dr Co	lumb	oia :	MD	2104	46		
ž.		18 CAUSE OF DEATH (Enter of	nly one cause per	fine far (a), (b), and	d (c).)	- 4	0 1			APPROXI	MATE INTER	PEATH		
A STATE		PART I. DEATH WAS CAUS	ED BY:	oure o	art	MIV sellet	12 acrdio	Vas	0			1		
4		Annt												
own	Conditions, if ony, which gove rise to immediate couse (a), stating the DUE TO, OR AS A CONSEQUENCE OF													
04.20														
oth		underlying cause last.	(6)	n no n conscar										
y, o.		PART 2 OTHER SIGNIFICANT	CONDITIONS C	ONTRIBUTING TO L	DEATH BUT	NOT RELATED TO THE TERM	AINAL DISEASE OR CON	DITION G	NEN IN I	PART III				
2	ON ON													
À S	FICATION	190 DATE OF OPERATION	196 COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	YES NO	IN CERT	ES, WERE IFYING (YES []			TH?		
sh of s	CERTI	710. ACCIDENT WAS UNDERLYING	7 21b, TIME C	OF INJURY		21c. HOW INJURY OCCUR				PART 2)				
-		OR CONTRIBUTING CAUSE OF DE	AIR	M. MONTH DA										
2	MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMINE	21e. PLACE	OF INJURY	19	211 LOCATION				UNIY				
pex	X	WHILE NOT WHILE D	(AT HOME, STI	REET, FACTORY, OFFICE, F	ARM, ETC)	STREET	CITY OR TO	WN		UNIY	,	STATE		
E		220.1 certify that W (this bost	oital) attended th	ne deceased from_	19	5 19	10 0 2	13	19 3	1	that (V)	we) last		
21 is		saw the deceased alive a	15.00	19	7, 01	nd that in (my) (aur) apinian	death occurred on the d	ate and ho	our and I	rom the	causes sto	oted		
E		27b. SIGNATURE	at Wew the body	atter geath.		DEGREE			22	DATE	SIGNED	10		
<u> </u>	i.	-YVION	WXM	un	M	ATTENDING PHYSICIAN	MEDICAL STA			5	45	3/.		
Z /	1	224 PHASICIAN'S NAME TYPE	OR PRINT	.0	_	22e ADDRESS	1.19	741	1. 1	DNI	1/1	10		
MPORTANT		136- YMA	No W	Alapa		1420 XA	werran	10	VA	NV	21	100		
3	23a E	BURIAL, CREMATION, REMOVA	L 236. DATE	23c. h	NAME OF C	EMETERY OR CREMATORY	23d. LOCATION		COUN	ITY		STATE		
		Cremation	5/24	4/87 B	1+/W	ash Cremate	_		PG		MD			
/83	24 EI	uneral director Llegh Funera	Home			ash Cremato	EREL D BY REGISTRAR	256 REGI	STRARS	SIGNAJ	URF	hall		
1	7	7601 Sandy S	pring I	Rd Laure	el MI	20707	ni a i peni							

DHMH - 16 50M 4/83 (VRA 15, 4)

BP.

TO FUNERAL DIRECTOR, After this certificate has been signed by the attending physics should be detached for use as the buriol-transit permit. Then please remove contrangements with the State Dept. of Health and Mental Hygiene prior to buriol, cremation, as removal.

TO HOSPITAL OR ATTENDING PHYSICIAN; The law requires that the death retained by the hospital or attending physician.

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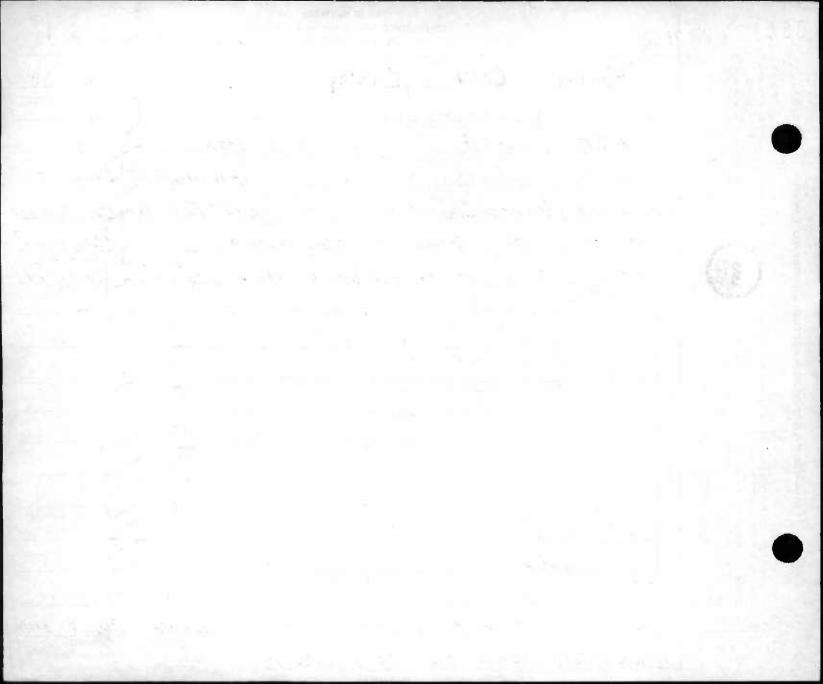
054128 MAY 11 STATE REGISTRAR

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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1	and .	~	~	
G NO				

	1. DE	CEASED NAME FIRST	MIDDLE	2	AST	20. DATE OF DEATH MONT	H DAY	YEAR	2b HOUR
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mo)	3 SE		I. RACE	5. DATE C		6 AGE (IN YEARS LAST BIRTHDAY)	# U	NDER I YEAR	IF UNDER 24 HRS
ector rs of	2	FEMALE	CAUCASIAN	MONTH	28 99	87	YRS.	THS DAYS	HOURS MIN.
Po Port		RTHPLACE (STATE OF FOREIGN	& CITIZEN OF WHAT COUNTRY?	8 AAADDIE	D NEVER MARRIED	BALTIMORE CITY OR CO		DEATH	
p		WVA	45 A	WIDOWE		HOWARD	60	UNI	MD.
11/1	10. C	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSING (IF NOT IN SUCH FACILITY, GIVE STREET		OR OTHER INSTITUTION	17a USUAL OCCUPATION		26. KIND O	F BUSINESS OR
5 19/19/	C	olumbia	HOWARD Cty	HOSP'	14+1	Homemak		Don	restic
2 52 37		AL RESIDENCE (IF NURSING HOME OR O	TY I3 CITY OR TOW		13d. INSIDE CITY LIMITS?	13e STREET ADDRESS / ZIP	CODE		
るがい	14	1	WARD COLUME		YES NO	6467 FREE.		Ro.	21044
13/1/	14 FA	THER'S NAME	NIDDLE LAST		15 MOTHER'S MAIDEN NA			1.65	
100		DAVID	3. G1BS	ON	CHR15T	TNA		CA.	RSON
W484 /		VAS DECEASED EVER IN U.S. ARA	MED FORCES? 166 SOCIAL SECU	IRITY NO.	17. INFORMANT	ADDRESS	1 FR	EETEN	R SON
1 4300		100	257.56	-0342	DAVID BARK	LEV COLUM	7619	NO	21044
		18. CAUSE OF DEATH (Enter onle	y one couse per line for (a), (b), on	d (c).1		1		APPROXI BETWEEN	ONSET AND DEATH
ong ong		PART I. DEATH WAS CAUSED IMMEDIATE		CETE	a pulmman à	zarret		Inen	white
th cer nding corbo . or re lotic e			DUE TO, OR ASIA CONSEQUE	NCE OF					
s that the deal ed by the atter- lease remove rial, cremation, or other traum		Conditions, if ony, which	(16) Hyperto	1 242	vest gistse			yes	u
the removement	69	gove rise to immediate couse (a), stating the	DUE TO, OR AS A CONSEQUE	ENCE OF				U	
thot d by eose ol. c		underlying couse lost	(c)						
signer Then pl to buri	z	PART 2 OTHER SIGNIFICANT C	ONDITIONS CONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CONDITIO	NGIVEN	IN PART 110	0.
	CERTIFICATION	A COST OF COPERATION	The contestion for will co	OPERATIO	ALLWAS DEDSORUSO	20a AUTOPSY? 20b.	IF MES VA	ERE FINDIN	I CC VICES
low r	FICA	19a. DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATIO	N WAS PERFORMED	INC	CERTIFYIN	G CAUSES	OF DEATH?
cote horonsit p	EXT	21a ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY		1717 HOW INSHIPY OCCUPE	YES NO RED (ENTER NATURE OF INJURY IN IT	YES [NO 🗌
Phys phys of Hy		OR CONTRIBUTING CAUSE OF DEAT	11010 4 44 41011711 0	AY YEAR	ZIC HOW HAJORI OCCORN	CED LEWISE MAINTE OF INJURY IN II	M IS PART	ORPARI 2)	
SIC cert cert dents dent	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINER)	P.M.	19	211 LOCATION				
PHI rend rend rend rend rend rend rend rend	MEC		21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, F	ARM, ETC)	STREET	CITY OF TOWN		COUNTY	STATE
After of the nork		WHILE NOT WHILE AT WORK	6 1.14 1 17	19	18	A day	10	87	
OR ATTENDING e hospital or of DIRECTOR: After tched for use as it Dept. of Health o frem 21 is marke		22a I certify that (I) (4his hospite sow the deceased alive on	VU	82 00	nd that in (my) (port opinion o	death occurred on the date or	d hour on		that (I) (we) lost
RECT RECT ed fe pt. o		sow the deceased olive on obave (1) (we) (did) (did oot 27b. SIGNATURE	view the body ofter death.	0 1	DEGREE		- 1100	22c. DATE	
· · · · · ·	- 9	10/10/1	Cash	an	ATTENDED	MEDICAL STAFF DIRECTOR PHYSICIAN		4.00	
O HOSPITAL eroined by t TO FUNERAL should be def with the Store		22 PHYSICIAN'S NAME (TYPE OR	PRINT		22e ADDRESS	A DIRECTOR PHYSICIAN		3	-14-17
FUNER by the Str		Charles (To	1 - 11		2 Kn/1 North	Down Colley	4 . 1	m) 3	21045
TO FI should with the	23a F	JURIAL CREMATION, REMOVAL	23b. DATE 23c P	NAME OF C	EMETERY OR CREMATORY	1234 LOCATION	wher'		1013
BP	-	SPECIFO)	18 MAY 87 1		iew Mery. Pil.	SVILESVILLE	6 00	Sugar.	Il STATE
	24. Ft	BURIAL INERAL DIRECTOR	10111011	JIKE!		E REC'D. BY REGISTRAR 25b. R		SSIGNAT	URE
DHMH - 16 60M 7/84 (VRA 15, 4)			Homes Ellic	0777	it MA W. A	AAY 2 0 1987	in a	Jandon	Randales
(400 13, 4)	2,	LILL INFERENCE	MONICO ENT	-07 07 EV	110013 54014	מרוו בו			



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR DECEASED NAME 20. DATE KNOWN (TYPE OR PRINT) ESTI-OF HE JUREAL DIRECTOR.

FOR YOUR FILES.

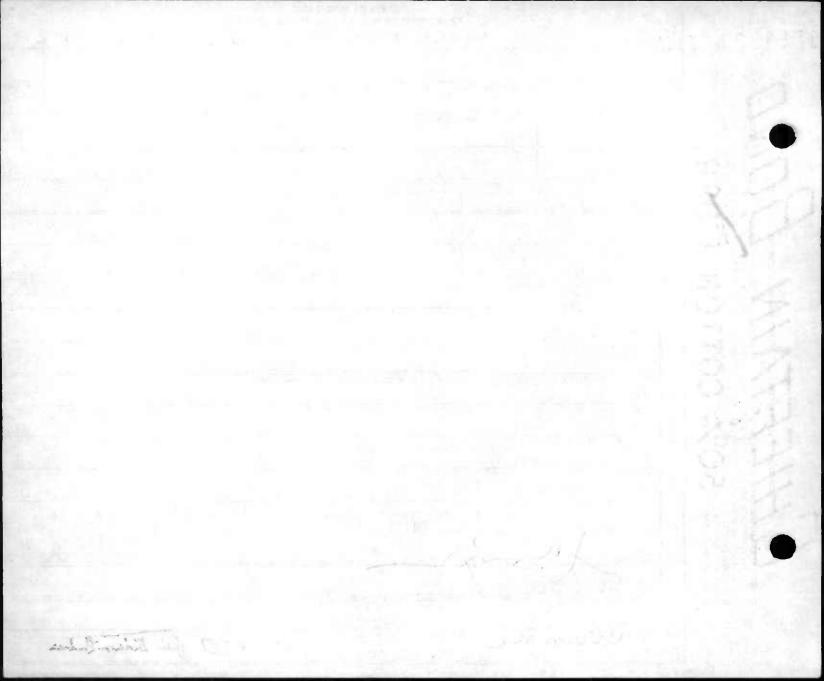
WITHIN 72 HOURS

VERSION STREET, DEATH MATED Martin Birmingham 18 1987 AGE IN YEARS IF UNDER I YR. 5. DATE OF BIRTH JE UNDER 24 HRS DATE LAST BIRTHDAY) 12:40 PRONOUNCED Male White April 7,1957 DEAD 30 YRS 1987 7a. BIRTHPLACE (STATE OR b. CITIZEN OF WHAT COUNTRY 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED KINEVER MARRIED FOREIGN COUNTRY) Illinois USA WIDOWED [DIVORCED Howard County ID CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION LITTE OF WORK 1126 KIND OF BUSINESS (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) OR INDUSTRY FOR MOST OF WORKING LIFE! 8713 Hugo Court Columbia Engineer Chemical USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION ALTIMORE, MD. 21201 13a STATE 13b COUNTY 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS 13c. CITY OR TOWN Maryland Howard Columbia 8713 Hugo Court YEST NO [14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE Adrian Birmingham Bette J. Willis 160. WAS DECEASED EVER IN U.S. ARMED FORCES? IAL SOCIAL SECURITY NO. 17. INFORMANT ADDRESS 223 94 2341 Lily Birmingham 8713 Hugo Ct. ColumbiaMD. 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (o). Gunshot wound of head DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate VITAL RECORDS, 201 W. couse (o) stoting the under-DUE TO, OR AS A CONSEQUENCE OF lying cause lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE DR CONDITION GIVEN IN PART 1 to CERTIFICATION 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? HEAD ONLY EXECUTE THE CERTIFICATE, WRITING THE PAGE 4 SHOULD BE FORWARDED TO THE TO FUNERAL DIRECTOR, PAGE 3 SHOULD AFTER DEATH, WITH THE STATE DEPARTMENT BALL IMORE, MARYLAND, 21201 PRIGR TO BE 210. EXTERNAL CAUSE WAS 216. TIME OF INJURY 2 LC. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 21 DIVISION OF 0 PM 5 18 LYOR UNDERLYING 18 Self inflicted CONTRIBUTING CAUSE OF DEATH 211 LOCATION 21d INJURY OCCURRED 2 Ie PLACE OF INJURY (AT HOME, AT WORK AT WORK STREET FACTORY, FARM, ETC.) CITY OF TOWN 8713 Hugo Court, Columbia, Howard County, MD Autopsy K 22a I certify that I took charge of the remains described above, held on Inspection and in my opinion Suicide X death resulted from Notural couses Accident Homicide Undetermined monner TITLE (SPECIFY) ACTUAL M Deputy ChiefeDICAL EXAMINER 5-20-87 SIGNATURE EXAMINER'S NAME Anne M. Dixon, M.D. ADDRESS_111 Penn St., Balto., MD 21201 TYPE OR PRINT 23a BURIAL, CREMATION, REMOVAL 23b DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION STATE Cremation May22,1987 Everly Crematory Alexandria, Virginia 07/B4 250. DATE REC'D. BY REGISTRAR Everly Funeral Home DHMH - 17

10565 Main St. Fairfax, VA

(VR A15 ME (5))

Genevieve Vance



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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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1 -	FOR STATE REGISTRAR	DEPART	MENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE REG. NO.	4 5 5 3
	CEASED NAME FIRST	MIDDLE	ŁAST	20. DATE OF DEATH MONTH	DAY YEAR 26 HOUR
TYPE	Ether Ether	_	Bossert	05	02 87 630 A
3. SE		ACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER I YEAR IF UNDER 24 HRS
	Female	White	MONTH DAY YEAR	83 _{yr}	MONTHS DAYS HOURS MIN.
	RTHPLACE (STATE OR FOREIGN 76.	CITIZEN OF WHAT COUNTRY?	8	9 BALTIMORE CITY OF COLIN	
(COUNTRY) NY	USA	MARRIED NEVER MARRIED WIDOWED NO DIVORCED	House	
10 C	TY OR TOWN OF DEATH		NG HOME OR OTHER INSTITUTION	12a. USUAL OCCUPATION	12b. KIND OF BUSINESS OR
1	Columbia	LOTION NUTS	ing Home	Clerical.	Bank
13a S	AL RESIDENCE (IF NURSING HOME OR OTH STATE 13h, COUNTY	ER INSTITUTION, GIVE RESIDENCE BEFOR		13e.STREET ADDRESS / ZIP CO	ODE ,
N	HEYLAND HAREY	nunde Genbu	MIC YES NO D	182 VIVGIAN	a Cn. /2106/
14. FA	ATHER'S NAME	NE LAST,	15 MOTHER'S MAIDEN N	AME	LAST , (?)
C	hrisTien	Jacobe	in Walbor	1	Armston
	VAS DECEASED EVER IN U.S. ARMEI YES, NO OR UNKNOWN) (IF YES, GIVE WA		JRITY NO. 17 INFORMANT	435 Sh	ore Acres Rd Act
	No -	057-05	-6562 JANKEPA	RKER ArrioH, 1	
	18 CAUSE OF DEATH (Enter only o	ne couse per line for (a), (b), or	nd (cs.)		BETWEEN ONSET AND DEATH
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		DUE TO, OR AS A CONSEQU	ENCE OF		
	Conditions, if ony, which	(b) Cereb	A A	Law .	445
	gove rise to immediate cause (a), stating the	DUE TO, OR AS A CONSEQU	ENCE OF		
	underlying couse lost.	(a) Cardio	vascular des	ease	415
	PART 2 OTHER SIGNIFICANT CON	DITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TER	MINAL DISEASE OR CONDITION	GIVEN IN PART 110
NOI	PART 2 OTHER SIGNIFICANT CON Parturer's	disease	High Blood		
CATION	PART 2 OTHER SIGNIFICANT CON Parties of Contract of C	desease	1. 4 /21 .	Pres sur C	YES, WERE FINDINGS LISED
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SEVERNA PARK, MD.

DHMH - 16 60M 7/84 (VRA 15, 4)

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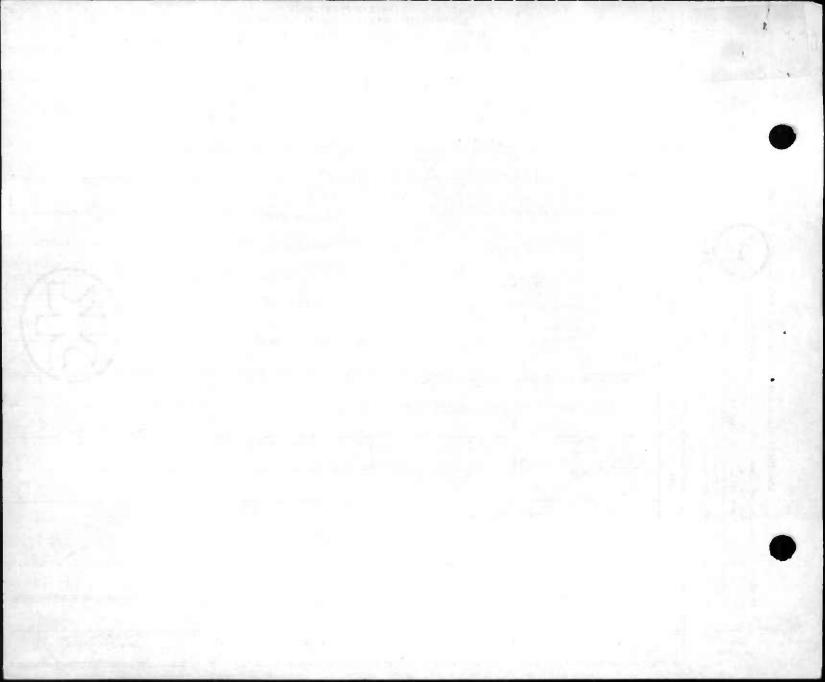
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the buriol-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed within 72 hours ofter death with the State Dept. of Health and Mental Hygiene prior to buriol, cremation, or removed.

injury, or other troumotic event, th

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours offer death. Page 4 may be retained by the hospital or attending physician.

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ON	ARTIFICA STANDARD	MEDICAL	UNDERLYING CONTRIBUTII				P.M.		1 19 8		Subject F	ell					- 19	
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	E, WRIT RWARDI PAGE STATE 7, 21201							d/ho			50 Forelan	d Gar		Colum	bia	Howa	ard	Md.
	TO MEDICAL EXAMINER: THIS EXECUTE THE CERTIFICATE, WR PAGE 4 SHOULD BE FORWAR TO FUNERAL DIRECTOR: PAGAFIER DEATH, WITH THE STATE BALTIMORE, MARYIAND, 2120	1		'	-				ove, held on		sy X, Inspection		Inquiry		and in my	pinian		
	REC BE		death result	ed tram:	Natura	al causes	L.,	Accident	Li, s	uicide 🔲	, Homicide	Undeter	mined mo	nner []				
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STATE OF MARYLAND

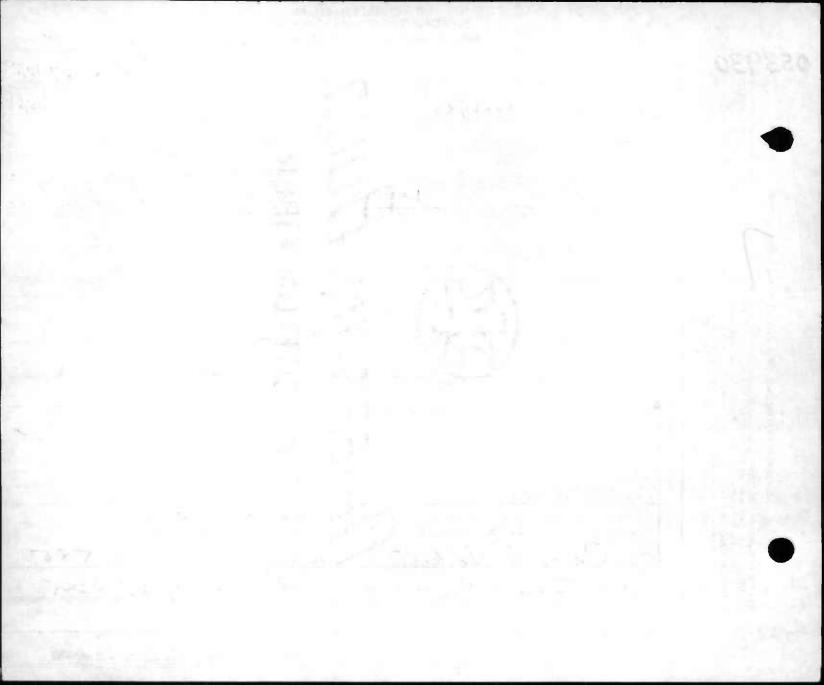
			ENTAL HYGIENE
MEDICAL	EXAMINE	R'S CERTIFI	CATE OF BEATH

1-	STATE REGISTRAR		MEI	DICAL EXAMIN	ER'S C	ERTIFICATE (OF BEATH	RE	, NO.	5 5	5	
	PE OR PRINT)	Edward	e (anysbell		LAST	110.1107	DATE KNOWN OF ESTI- DEATH MATED	19	DAY 199	YEAR 26	HOUR
3 SE	X 4 RA	CE S. D.	ATE OF BIRTH DAY /	9 YEAR LAST BIRTHDA	AY) MONTH	DER 1 YR. IF UNDER	MIN. PRO	DATE DNOUNCED DEAD	MONTH 05	OZ 19	87/1	UP M
FI	Virginia		ited St		WIDOW	ED NEVER MARE	RIED 🔲	ALTIMORECII	I OK COON	How	1	. MD
C	olumbla	1	TOWW	PITAL, NURSING HOME CIPTY, GIVES REET ADDRESS)	, OR OTHE	len. Host		OCCUPATION OF WORKING LIFE) ANCC	h- 1	126 KIND OR IN DR IN LEAVY	DUSTRY	
13o. S	AL RESIDENCE (IF IN N STATE	TIB. COUNTY	er institution, giv	PERESIDENCE BEFORE ADMISS	REL	136 INSIDE CITY LIMITS? YES NOXX		ADDRESS	7525 C	20 dd (707 F	ike
	David	Lấn		Campbell	2	TS MOTHER'S MAID Mary	DEN NAME	Franc	.es	Pine	er	
1 6 a. (WAS DECEASED EVEL YES, NO, OR UNKNOWN)	R IN U.S. ARMED F (IF YES, GIVE WAR O	ORCES?	166. SOCIAL SECURITY 224-22-052		Jean Camp	bell	same a	s abou	e		
	Conditions, if gove rise to cause (a) statin lying couse last	WAS CAUSED BY: IMMEDIATE CA any, which immediate immediate ag the under-	DUE TO, OR (b) DUE TO, OR (c)	for (a), (b), and (c).) A PAIRL CA AS A CONSEQUENCE CO MAS A CONSEQUENCE CO BUT NOT RELATED TO THE TERMIN	eart	or condition given in P.				BETWEEN	XWATE INTI	DEATH
MEDICAL CERTIFICATION	19g. DATE OF OPER			ION FOR WHICH OPER	ATION W/	AS PERFORMED?				20 AUTO		10/8
CAL CE	210 EXTERNAL CAL UNDERLYING CONTRIBUTING	OR CAUSE OF DEATI	H P.M.	MONTH DAY YEAR		W INJURY OCCURR	ED (ENTERNATUR	E OF INJURY IN ITE	M 18 PARET OR PA	RT 2)		
MED	WHILE NOT AT WORK			OF INJURY (AT HOME, ORY, FARM, ETC.)		CATION TREET	СП	Y OR TOWN	CO	UNTY		STATE
	220 I certify that death resulted from			cribed abave, held an Accident . Sui	Autaps	Hamicide , TITLE (SPECIFY)	Undetermin	ned manner	and in my op , DATE SIGNE	pinian	8.8	7
	EXAMINER'S NAME (TYPE OR PRINT)	humay	Fh	terbert,		ADDRESS 911	with	- Gh	md.	210	-5	
-	BUTIAL CREMATION, SPECIFY) BUTIAL UNERAL DIRECTOR		y 12, 1	987 Meadow		Mem. Par	REC'D. BY REG	seu.	Howard REGISTRAR'S S	1	Md.	

BP 07/84 25M (VR A15 ME (5))

Donaldson Funeral Home P.A.

Laurel, Maryland MAY 14 1007 Julia Sindon Profession



STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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VATE OF DE	ATH	AA CONTH	DAY	VEAR	Las LICILIA	7

REGISTRAR		CERTIFICA	TE OF DEATH	REG. NO	5.,	CF	D 0
DECEASED NAME FIRST	MIDDLE	ColL	e3~4	20 DATE OF DEATH	5- 14	- 87	26 HOUR
Female	1. RACE White	S. DATE OF BIR		6. AGE (IN YEARS LAST BIR	(HDAY) IF U	NDER I YEAR	IF UNDER 24 HR
BIRTHPLACE (STATE OR FOREIGN COUNTRY)	USA	MARRIED WIDOWED	NEVER MARRIED DIVORCED	BALTIMORE CITY O		DEATH JNT)	,
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	NTY 13c. CITY OR T	T CITY YE	s 🗆 NO 🖫	13e.STREET ADDRESS	- 42	2.	1043
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WAS DECEASED EVER IN U.S. AR	RMED FORCES? 166 SOCIAL SI	ECURITY NO. 17	M. Collear	3436 4 Perio	SS AERCE	DR.	21043
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Conditions, if ony, which	DUE TO, OR AS A CONSE	OUENCE OF PATORY A	frest			20	myh.
gove rise to immediate couse (a), stating the underlying couse last	DUE TO, OR AS A CONSE		e			2-3	weeks.
PART 2 OTHER SIGNIFICANT	Brain Sund	TO DEATH BUT NOT	RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVEN	IN PART 110	
190 DATE OF OPERATION	196 CONDITION FOR WH		AS PERFORMED	200 AUTOPSY?	20b. IF YES, W IN CERTIFYIN YES	G CAUSES	
210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE		DAY YEAR	. HOW INJURY OCCURR	ED (ENTER NATURE OF INJUI	RY IN ITEM 18 PART I	OR PART 21	
21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFI		LOCATION	CITY OR TO	WN	COUNTY	STATE
220.1 certify that (1) this hosp sow the deceased alive or above, (1) (we) (did) (did no	of the proof of the deceased from 2 2 19		ot in (ny (our) opinion o	to May death occurred on the de	24, 19_ ote and hour an		that (I) (we) I couses stated
Elword L	L to Broke,	MD DEGI	ATTENDING	MEDICAL STAI		22c. DATE	SIGNED 1487
Elwood k	La Brosse	MB 120	ADDRESS	hustane, C		Cit,	MP210
BURIAL, CREMATION, REMOVAL			TERY OR CREMATORY	23d LOCATION		DUNTY	

DHMH - 16 60M 7/84

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion and complicated be detached for use as the burial-transit permit. Then please remove corban papers: Pages with the State Dept of Health and Mental Hygiene prior ta burial, cremation, or removal.

ATTENDING PHYSICIAN. The low

TO HOSPITAL OR

BP.

etoined by the hospital or attending physician.

IMPORTANT: If them 21 is marked at them 18 shaws any injury, or other traumotic event, the

(VRA 15, 4)

24 FUNERAL DIRECTOR ACK FUNERAL HOME

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250 DATE REC'D BY REGISTRAR 256 REGISTRAR S.SIGNATUR ADDRESS BOX Z&& 250 D
ELLICOTTCITY MD 21043

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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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	REG. NO			

FOR STATE REGISTRAR	DEF		IEALTH AND MENTAL HYC	SIENE 8 7	. 14	5	5 /
1 DECEASED NAME FIRST	MIDDLE	1	AST	20 DATE OF DEATH	MONTH DAY	YEAR 2	h HOUR
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3 SEX	4 RACE	5. DATE C	OF BIRTH	6. AGE (IN YEARS LAST BIR			F UNDER 74 HRS.
Female	W	MONTH	3 72	1.4	YRS	IS DATS	HOURS MIN.
7a BIRTHPLACE ISTATE OF FOREIGN	76 CITIZEN OF WHAT COUN	VTRY? 8	D NEVER MARRIEDXX	9 BALTIMORE CITY O		EATH	
Marvland	USA	WIDOWE		Howard (County		MD
18 CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, N (IF NOT IN SUCH FACILITY, GIVE	URSING HOME (OR OTHER INSTITUTION	12a USUAL OCCUPAT	ION 12	NOUSTRY	BUSINESS OR
Ellicott City	Howard Count		al	<u> </u>			
USUAL RESIDENCE (IF NURSING HOME 130 STATE 136 CO			134. INSIDE CITY LIMITS?	13e STREET ADDRESS	/ ZIP CODE		
	ward Ellic	cott City		9502 West	wood Dr	. 2	1043
14. FATHER'S NAME	MIDDLE LA	ST	15 MOTHER'S MAIDEN NA	MIDDLE		LAST	
Walter	Fred (Cox	M.	Joan		Keys	
160 WAS DECEASED EVER IN U.S.	ARMED FORCES? 166 SOCIAL	L SECURITY NO	17 INFORMANT	ADDRI	ESS		
No			9502 Westwoo	od Dr. 210)43		11.07
	TONDITIONS CONTRIBUTIN	SEQUENCE OF PLANTS	* Ventriculities	L MINAL DISEASE OR CON	IDITION GIVEN IF	V PART 110	
190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	196 CONDITION FOR	VHICH OPERATIO		200 AUTOPSY?	206 IF YES, WE IN CERTIFYING YES	G CAUSES O	
OR CONTRIBUTION CALLES OF	DEATH HOUR A.M. MONT	H DAY YEAR	21c. HOW INJURY OCCUR				МОП
(IF EITHER NOTIFY MEDICAL EXAMI	21e PLACE OF INJURY (AT HOME, STREET, FACTORY (OFFICE, FARM ETC)	21f LOCATION STREET	CITY OR TO)wn	COUNTY	STATE
saw the deceased alive	and young	19 <u>87</u> , a	nd that in (my) (our) opinion DEGREE ATTENDING PHYSICIAN 1 22e ADDRESS	death accurred on the d	FF _		GNED
14910104 /	4 Young		1031 parto	. was . Tille	MICET	city 1	711)
230 BURIAL, CREMATION, REMOV	AL 23b. DATE	231 NAME OF C	EMETERY OR CREMATORY	23d. LOCATION CITY OF TOWN Marriotts		UNITY	STATE .

DHMH - 16 60M 7/84

TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and cam should be detached for use as the burial-transit permit. Then please remove carbon popers. Pages, with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death

retained by the hospital or attending physicia

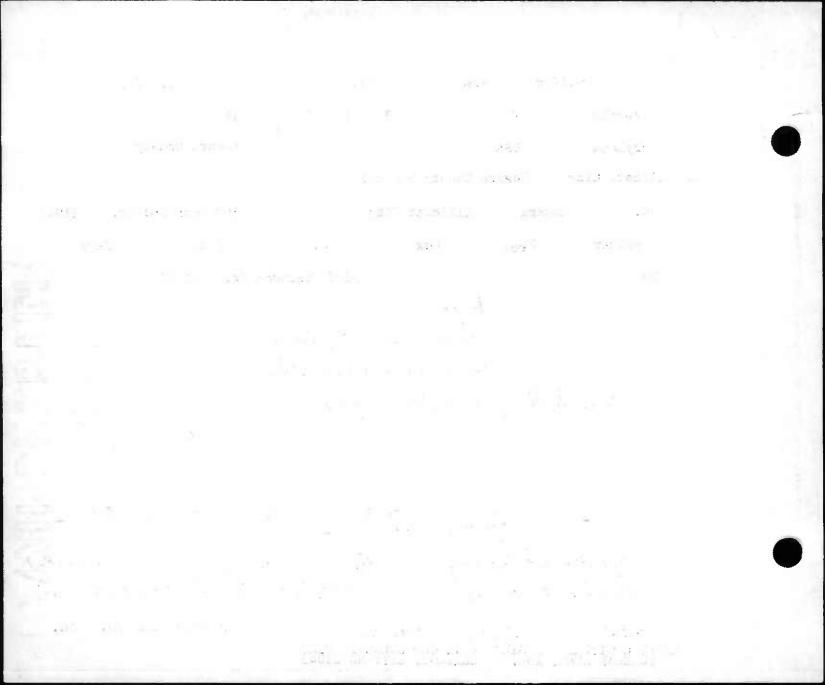
BP.

HARRY WH WITZKE & FAMILY FUNERAL HOME, INC. (VRA 15, 4)

4112 OLD COLUMBIA PIKE ELLICOTT CITY MD 21043

250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

Tinder Randale



	11.	FOR STATE		DEPART		IEALTH AND MENTAL	HYGIENE (1	11 -	- 22
11.7	25	REGISTRAR			CERTIF	ICATE OF DEATH	Ö	REG. NO.	44	2 0
1		CEASED NAME	FIRST	MIDDLE		LAST	2a DATE	OF DEATH MONIH	DAY YEAR	2b HOUR
2	{TYPE	E OR PRINT)	USEPH		C	VENS		5	12 87	626 AM
11	3. SE	x /	4 RACE		S. DATE O		6. AGE (1	N YEARS LAST BIRTHDAY)	IF UNDER 1 YEA	
		male		hite	MONT	JAY 14		73 YRS	MONTHS DATE	S HOURS MIN.
la Ci		RTHPLACE (STATE OR FO	REIGN 76. CITIZEN C	F WHAT COUNTRY?	8 MAPPIE	D NEVER MARRIED	9 BALTIN	ORE CITY OR COUN	TY OF DEATH	
3/		New Yo	rk I	I.S.	WIDOWE			owape		MD
C97 /	10 C	ITY OR TOWN OF DEAT				OR OTHER INSTITUTION		LOCCUPATION	12b. KIND	OF BUSINESS OR
13/	C	olumbia	HAVIN	UCH FACILITY, GIVE STREET	ADDRESS)	Can Hoer		ork for most of working		School
4 -		AL RESIDENCE (IF NURSIN				4011.11036	1	ean .	Law	SCHOOL
35	13a. S		3b COUNTY	13c. CITY OR TOW		13d INSIDE CITY LIMIT		T ADDRESS / ZIP CC		0104
4	14 5 4	Md.	Howard	Columb	ola	YES NO		800 Hill	top Lar	e 21044
101	14. 72	FIRST	MIDDLE	LAST		15. MOTHER'S MAIDEN	NNAME	MIDDLE	ı.	AST
EL		Isaac		Jacobso	n	Mabel			Curt	is
1		WAS DECEASED EVER IN	U.S. ARMED FORCES	166 SOCIAL SECU	JRITY NO.	17 INFORMANT	803	ADDRESS	444144N	Mortimen
ž /		Yes	WWII	223-42	-705	2 Mr. Ke		rtis Fr	ederic	kshura.
ŧ /			(Enter only one cause p							NONSET WIEDEATH
ent,		PART I. DEATH WA	S CAUSED BY	MAIMA	MIA				BETWEEN	MIN S
9		1	MMEDIATE CAUSE (a)_	11100000	riper				P	1173
E OE				OR AS A CONSEQUE	ENCE OF				1	100
trou		Canditions, if any,		NLCOHO	USIV				<u> </u>	100
her		cause (a), stating underlying cause	AL.	OR AS A CONSEQUE	ENCE OF					
0 10		underlying cause	(c)		1					
7.	-	PART 2. OTHER SIGNI	FICANT CONDITIONS	CONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE	TERMINAL DISE	ASE OR CONDITION (GIVEN IN PART 1	10
2	CERTIFICATION									
ony.	S	190. DATE OF OPERATION	ON 196 CON	DITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AU	TOPSY? 20b IF	YES, WERE FIND	INGS USED
0	Ē						YEST	NO M	TIFYING CAUSE	S OF DEATH?
ě -	CER	210. ACCIDENT WAS UNDER		OF INJURY		21c. HOW INJURY OC	CURRED (ENTER			
5		OR CONTRIBUTING CA	OSE OF DEATH	A.M. MONTH D.						
2	MEDICAL	11d INJURY OCCURRE		P.M. E OF INJURY	19	21f LOCATION				
p	ME	WHILE NOT WHILE	(AT HOME	STREET, FACTORY, OFFICE, F	ARM, ETC)	STREE!		CITY OR TOWN	COUNTY	STATE
morked		AT WORK				101		112 00		
E			his haspital) attended	the deceased from_	2110	107 19	, ta	2.16.24	., 19	, that 🏉 (we) lost
21		saw the deceased	alive on	v ofter death	, ar	nd that in (my) (🖛) opi	nion death occur	red on the date and h	out and from th	e causes stated
If Hem		The Stitle Albert	, 1	-		DEGREE	100		22c. DAT	E SIGNED
	1	1 3001 01	Umune	m	1	MA ATTENDIN	MEDICA MEDICA	STAFF PHYSICIAN	5.1	7.87
Z	1	274 PHYSIOLAN'S NAM	VE (TAL COLUMN)	()		22e. ADDRESS	DOIRECTO	K L LUISICIAN	01/1	
MPORTANT	100	THE MAN	SMATT	HAD			mni no	And a Co	w 24. w	
a /		ועריט ויין	ISMAN D	MU		LIWIL TH	WH DK	COLUMBI.	A YUO	21045,

STATE OF MARYLAND

DHMH - 16 60M 7/84 (VRA 15, 4)

BP.

TO FUNERAL DIRECTOR: After this certificate has been signed by should be detached for use as the burial-transit permit. Then please with the State Dept. of Health and Mental Hygiene prior to burial, or

in by the funeral director, page 3 in filed within 72 hours ofter death

by the attending physicia

NAME State Anatomy Board

23b. DATE

5-13-87

23a. BURIAL, CREMATION, REMOVAL

Femoval

Baltc., Md.

23c. NAME OF CEMETERY OR CREMATORY

250 DATE REC'D. BY REGISTRAR 256, REGISTRAR'S SIGNATURE

COUNTY

STATE

23d. LOCATION



STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

~	8 REG. N	10	1 4	5	5	4
	20. DATE OF DEATH	MONTH	DAY	YEAR	2h HOL	JR
		5	27	87		7.9
	6. AGE (IN YEARS LAST BE	RTHDAY)	IF UND	ERIYEAR	IF UNDER	24 HRS
			MONTHS	DAYS	HOURS	MIN.

1. DECEASED NAME MIDDLE FIRST TYPE OR PRINTI NANCY J. 4. RACE DATE OF BIRTH MONTH DAY YEAR Female White 11 34 53 To. BIRTHPLACE I STATE OR FOREIGN 7b. CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIEDE NEVER MARRIED Penna. U.S. DIVORCED WIDOWED Howard 12a USUAL OCCUPATION 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE 2825 Fox Hound Road Ellicott City Secretary JOUAL RESIDENCE (IF MURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13e.STREET ADDRESS / ZIP CODE 13d. INSIDE CITY LIMITS? Howard EllicottCity Md. 2825 Fox Hound Rd. FATHER'S NAME 15. MOTHER'S MAIDEN NAME LAST FIRST MIDDLE MIDDLE Francis Madeline Cave ADDRESS 17 INFORMANT In WAS DECEASED EVER IN U.S. ARMED FORCES 16b. SOCIAL SECURITY NO 2825 Fox Hound Rd. (IF YES, GIVE WAR OR DATES) 216-30-3630 Donovan Day Ellicott City, 18 CAUSE OF DEATH (Enter only one couse per line for (pf.)(b), and PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE 10 DUF TO OR AS A CONSEQUEN Canditians, if any, which gove rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION

190 DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY?

21g. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 21e PLACE OF INJURY 21d. INJURY OCCURRED

236. DATE

5/29/87

21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)

(AT HOME, STREET, FACTORY, OFFICE, FARM ETC.) NOT WHILE WHILE AT WORK AT WORK 22a.1 certify that (1) (thunbaspital) attended the deceased from

CITY OR TOWN COUNTY STATE STREET and that in (my) opinion death accurred on the date and haur and from the causes stated

NO

sow the deceased alive on. above, (1) (we)/did)/did not) view the body after death

> ATTENDING MEDICAL PHYSICIAN DIRECTOR PHYSICIAN

77c DATE SIGNED

NO T

206 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?

YES T

176 KIND OF BUSINESS OR

Somm. College

21043

Vearing

INDUSTRY

77d. PHYSICIAN'S NAME (TYPE OR PRINT THAM

77b. SIGNATURE

23a BURIAL, CREMATION, REMOVAL

- STATE

REGISTRAR

22e. ADDRESS

DEGREE

III LOCATION

23c NAME OF CEMETERY OR CREMATORY

23d LOCATION Marriottsville

Ho. Md.

DHMH - 16 60M 7/84 (VRA 15, 4)

FUNERAL DIRECT

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MPORTANT

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Burial-transit p 18 sh

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HARRYAMH WITZKE & FAMILY FUNERAL HOME, INC.

Burial

4112 OLD COLUMBIA

Crestlawn

25a DATE REC'D.

A Distance of the party of the

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S Fox Tourist Road Visualizary Cove. College

EMPLY V. District and Ches. N. vallageoff. Crawoll . D.

Tamula Cave Hadeline Vorting

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STATE OF MARYLAND 053272 MAN 13 FOR

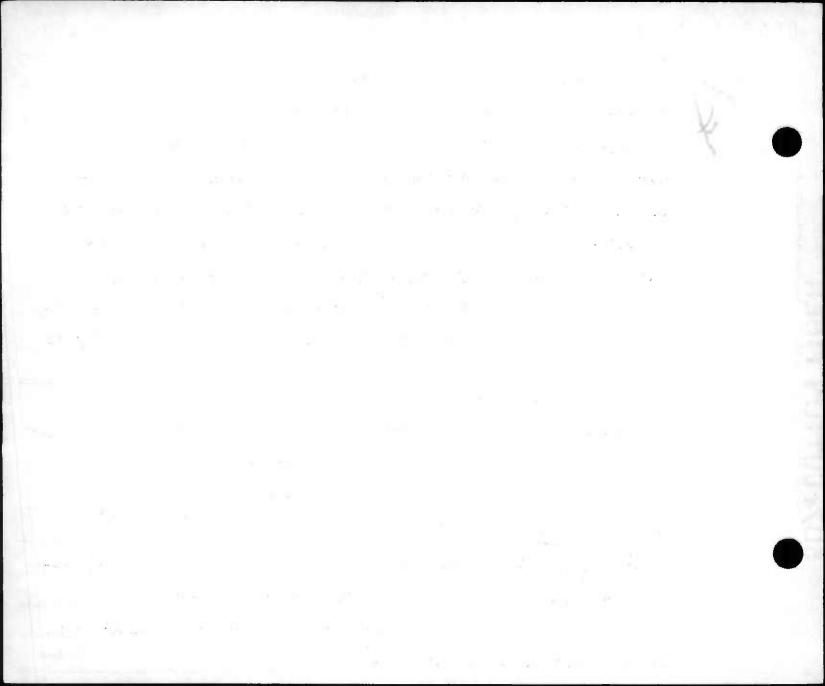
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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DEC NO				

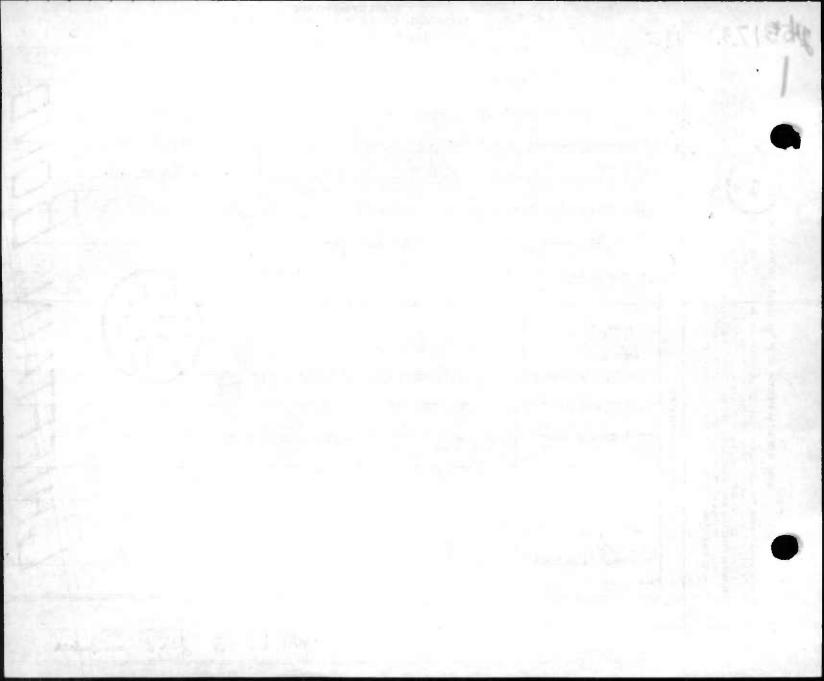
REGISTRAR		CERTIF	CATE OF D	EAIN	REG. NO.			
LECEASED NAME FIRST	MIDDLE	L)	ASI	1	O DATE OF DEATH MONTH	DAY	YEAR	26 HOUR
Edith	м.	DH	EAN		5	10	87	M
1 SEX	4 RACE	5. DATE C			AGE (IN YEARS LAST BIRTHDAY)	IF UNDI	ER I YEAR	IF UNDER 24 HRS
Female	White	Feb		12	75 _Y	RS.	DATS	HOURS MIN.
ZamBIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COU	NTRY? 8	NEVER M	APPED D	BALTIMORE CITY OR COL		ATH	
Maryland	USA	WIDOWE		ORCED	Howard Count	У		MD.
Ellicott City	11. NAME OF HOSPITAL, II (IF NOT IN SUCH FACILITY, GIV 2901 Sout	hview Roa			120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORK) HOMEMAKET		DUSTRY	F BUSINESS OR
USUAL RESIDENCE IF NURSING HOME OF 136. STATE 136. COL	INTY I3c CITY O			KON	38 STREET ADDRESS / ZIP (2901 Southvie		ad, 2	21043
14 FATHER'S NAME FIRST Charles	P. Kli	ne	_ =	MAIDEN NAMI JYA	M.		Sixx	
160 WAS DECEASED EVER IN U.S. A	RMED FORCES? 16b SOCIA	L SECURITY NO.	17 INFORMAL	VT.	ADDRESS	TAIL L		
No -	219-	18-6059	Arthur	Dean,	2901 Southvier			
18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS IMMEDIA	FD BY	(1	obstv	ction	(intermetent) -		onset and death
Conditions, if any, which gave rise to immediate cause (a), stating the underlying couse last.	DUE TO, OR AS A CON	ctul ce			recurrent).		44	ears
PART 2 OTHER SIGNIFICANT	. 0		NOT RELATED	TO THE TERMIN	NAL DISEASE OR CONDITION	1 GIVEN IN	PART IIo	3
190 DATE OF OPERATION 1100 DATE OF OPERATION	196. CONDITION FOR		N WAS PERFO	RMED		IF YES, WER ERTIFYING YES		NGS USED OF DEATH?
		TH DAY YEAR	21c HOW IN.	URY OCCURRE	D (ENTER NATURE OF INJURY IN ITE	M 18 PART I O	RPART 2)	
OR CONTRIBUTING CAUSE OF D OR CONTRIBUTING CAUSE OF D	21e PLACE OF INJURY (AT HOME, STREET FACTORY	OFFICE FARM, ETC.)	211 LOCATIO	N	CITY OR TOWN	cc	OUNTY	STATE
270.1 certify that (ii) this has saw the deceased alive a show (i) (we) (did) third a		219 8 T. or		, 19 (our) apinian de	eoth accurred on the date one			that (I) (we) last causes stated
THE SIGNATURE	1 - 4	-, mr		- California	MEDICAL STAFF DIRECTOR PHYSICIAN		5 I	SIGNED
224 PHYSICIAN'S NAME (TYPE	1		10772	Hickor	y Ridge Road			
23a BURIAL, CREMATION, REMOVA (SPECIFY)		23c NAME OF C			23d LOCATION CITY OR TOWN	COU	NTY	STATE
Burial	5/12/87	Woodlar	wn Ceme			altim		Md.
24 FUNERAL DIRECTOR	AE AE	DRESS T TT 31	21229	250 DATE	5 - No. 1			Pondage.
Hubbard Funeral	Home, Inc.,	4TO/ MITK	ens ave	· I MA	7 1 1 1981 18 ^w	lia dive	A-01 / A-0	~

DHMH - 16 60M 7/84

(VRA 15, 4)



"ප්ලේක්සිය (TYPE OR PRINT) Michael J. Desmond OF ESTI-	inty, MD
December of the property of	5/ 3/ 19 87 MONTH DAY YEAR 24 HOURS 5/ 3/ 19 87 P M COUNTY OF DEATH INTERNOR 126 KIND OF BUSINESS
Michael J. Desmond DEATH MATED 3. SEX 4. RACE 5. DATE OF BIRTH MONTH DAY YEAR LAST BIRTHDAY) MONTHS DAYS FOREIGN COUNTRY 8. MARRIED 8. MARRIED 8. MARRIED 8. MARRIED 9. BALTIMORE CITY OR 9. BALTIMORE CITY OR	5/ 3/ 19 87 133 P M COUNTY OF DEATH Inty, MD FEWORK 126 KIND OF BUSINESS
76 BIRTHPLACE (STATE OR FOREIGN COUNTRY) 8 MARRIED NEVER MARRIED 9 BALTIMORE CITY OR	5/ 3/ 19 87 1:33 P M COUNTY OF DEATH Anty, MD OF WORK 126 KIND OF BUSINESS
76 BIRTHPLACE (STATE OR FOREIGN COUNTRY) 8 MARRIED NEVER MARRIED 9 BALTIMORE CITY OR	5/3/198/PM COUNTY OF DEATH INTERPORT 126 KIND OF BUSINESS
76 BIRTHPLACE (STATE OR FOREIGN COUNTRY) 8 MARRIED NEVER MARRIED 9 BALTIMORE CITY OR	anty, MD OF WORK 126 KIND OF BUSINESS
MASS II S A WINDWED TO DAY DECEMBER TO LOW DECEMBER TO LOW DECEMBER TO THE PARTY OF	FWORK 126 KIND OF BUSINESS
1 MOWELL COU	OF WORK 126 KIND OF BUSINESS OR INDUSTRY
10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) 120 USUAL OCCUPATION (TYPE OF MOST OF WORKING LIFE)	
Ellicott City 8569 Baltimore National Pike Ret. Lt. Cmdr-	
130. STATE 130. STATE 130. STATE 130. STREET ADDRESS	21217
Maryland Balto. City Baltimore YES NO 1247 West Lanval	Le Street
FRIST MIDDLE LAST FRIST MIDDLE FROM Clara Groleau	LAST
160. WAS DECEASED EVER IN U.S. ARMED FORCES? 160. SOCIAL SECURITY NO. 17 INFORMANT Mrg. Christ 4 400R658	
Yes (VES. NO. OR UNKNOWN) Yes (IF YES. GIVE WAR OR DATES) Vietnam 019-26-8000 247 W. Lanvale Street Bal	
a solida	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
PARTIDEATH WAS CAUSED BY: MMEDIATE CAUSE (a) Hypertensive Arteriosclerotic Cardiovascul A B C C C C C C C C C C C C C C C C C C	ar Disease
DE TO, OR AS A CONSEQUENCE OF Conditions, if any, which Conditions, if an	
Canditions, if any, which gave rise to immediate couse (a) stating the under-	
Conditions, if any, which gave rise to immediate cause (a) stating the under-lying cause last. Conditions, if any, which gave rise to immediate cause (a) stating the under-lying cause last. Conditions, if any, which gave rise to immediate cause (a) stating the under-lying cause last.	
Ilying couse last. (c) PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a)	
W 40 \$	
198. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION WAS PERFORMED? 198. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION WAS PERFORMED? 216. TIME OF INJURY 198. PART OF THE PART OF TH	20 AUTOPSY?
THE AND THE PROPERTY OF THE PR	YES X NO T
216 EXTERNAL CAUSE WAS 216. TIME OF INJURY HOUR A.M. MONTH DAY YEAR 216 HOW INJURY OCCURRED (ENTERNATURE OF INJURY IN ITEM 18 PAR	
O SHEDDER UNDERLYING OR HOUR A.M. MONTH DAY YEAR CONTRIBUTING CAUSE OF DEATH P.M. 19	
NOTE TO THE PLACE OF INJURY (AT HOME, STREET CITY OR TOWN) 10	COUNTY STATE
	31412
HAVOR AT WORK 220. I certify that Mack charge of the remains the symbol above held an Autum X Inspection . Inquiry . and a line of the control of the contr	in my apinian
death resulted fram: Natural causes XX Audition Suignos Nomicide Undetermined manner	
ACTUAL AC	5/1/07
SIGNATURE MEDICAL EXAMINER	DATE SIGNED 5/4/87
EXAMINER'S NAME Dennis F. Smyth, M.D. ADDRESS 111 Penn St.	
ADDRESS ADDRESS	
7 07 14 16	county STATE Lington VA.
BP Burlal May /, 8/ Arlington National Cem. Arlington	0
(VR A15 ME (5)) 8728 Liberty Road Randallstown, MD. 21133	endern Rudall



1	200 1111	12	FOR STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HEREGISTRAR OSCAR D. DICKIE CERTIFICATE OF DEATH	YGIENE 8 / 1 4 5 6 2
	e 4 may be ctor, page 3	¥	D. DICKE A RACE D. DATE OF BIRTH MIDDLE 1 RACE 1	6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS.
	frer death. Pag he funeral dire within 72 hours	4	THPLACE (STATE OR FOREIGN OUNTRY) Ode Island 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GDIE STREET ADDRESS)	9. BALTIMORE CITY OR COUNTY OF DEATH 170. USUAL OCCUPATION 120. KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) 170. USUSTRY
YLAND 21201	24 hours o		CLUMB A WILL COUNTY CENERAL 10. IL RESIDENCE (IF NURSING NOME OR DIHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) TATE ACTUAL AND ALTIMORE AT AUSVILE YES, NO ATTUAL THER'S NAME 15. MOTHER'S MAIDEN P.	2417BCA-MACE AVENUE
LTIMORE, MARYLAND	be worked a	2	ichard H Dickie Purdy AS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT (IF YES, GIVE WAR OR DATES) Yes WW I. 039-10-5922 Cora J. Dickies Core Dates (IF YES)	
STON ST., BAL	eath certificate thending physici ve carbon paper on, ar removal.	omanc event, in	PART I. DEATH WAS CAUSED BY. A CONTROL OF PROBLEM ON CONDITION OF COND	Ron a vorst. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH OCH UT
S, 201 W. PRE	gned by the a	ry, or other ro	gave rise to immediate couse (a), stating the underlying cause last. DUE TO, OR AS A CONSEQUENCE OF (c) PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TEI	1 - / 3 4 - / // 0
TAL RECORDS,	N: The law requivision. cate has been si consit permit. The Hygiene prior to	1	Decubity was performed	200 AUTOPSY? 200 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO
VISION OF VITAL RE	G PHYSICIAN: offending physer this certifical site burial-trai	-///	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 71d. INJURY OCCURRED WHILE NOT WHILE AT WORK ALTON OF THE ATTORN OF THE	CITY OR TOWN COUNTY STATE
0	4 - 4 0 ± 0	0 /		4 12 12 72

DEGREE,

776 SIGNATURE

A DiVAKARUA 73a BURIAL, CREMATION, REMOVAL

73¢ NAME OF CEMETERY OR CREMATORY

734 LOCATION

STATE MD

Cremation matory Westview Balti
P. 4250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S May 18 1987 Westview Crematory 24 Lerover Russell C. Witzke Funeral Homes 1630 Edmondson Av. Catonsville, MD. 21228

DHMH - 16 60M 7/84 (VRA 15, 4)

TO FUNERAL DIRECTOR: should be detached for use with the State Dept. of Hea IMPORTANT: If Hem 21



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

FOR STATE REGISTRAR			DEPAR		ICATE OF DEATH	IENE 8 7	0	4 5	6.
I DECEASED NAME	FIRST		WIDDLE	l l	AS1	20. DATE OF DEATH		YEAR	26 HOUR
(THE OKPRINI)	Ceci	lia	L.	DONG	OVAN	May 21	, 1987		4:35 A
3 SEX	4	RACE		5. DATE C		6 AGE (IN YEARS LAST BI	THDAY) IF UN	DER I YEAR	IF UNDER 24 HR
Female	Admir 1	White		MONTE	g. 22. 1921	65	YRS	HS DATS	HOURS MIN
BIRTHPLACE (STATE C	R FOREIGN 7	b CITIZEN OF	WHAT COUNTR	Y? 8	D NEVER MARRIED	9 BALTIMORE CITY		DEATH	
Maryland	TOTAL	U	SA	WIDOWE		Howar	d County	,	A
10 CITY OR TOWN OF D	6.77	(IF NOT IN SUC	H FACILITY, GIVE STRE	EET ADDRESS)	Care Facility	12a USUAL OCCUPAT (TYPE OF WORK FOR MOST Owner & C	OF WORKING LIFE) IN	NDUSTRY	F BUSINESS O
JSUAL RESIDENCE (IF NO 13a. STATE	13b COUNT HOWE	TY	GIVE RESIDENCE BEFORE 13c CITY OR TO Woodbi	NWO	13d INSIDE CITY LIMITS? YES \(\text{NO} \) NO \(\text{NO} \)	13. STREET ADDRESS 1213 Adga		21	797
14 FATHER'S NAME FIRST Steph		J.	Bloom		15 MOTHER'S MAIDEN NAME FIRST ELizabet	MIDDLE	Re	oach	1
160 WAS DECEASED EVE (YES, NO OR UNKNOWN)		MED FORCES? WAR OR DATES!	166. SOCIAL SE		Joanne D. R		Felton		x 525 17322
	ting the se lost	(10)	R AS A CONSEC		NOT RELATED TO THE TERMI	INAL DISEASE OR CON	DITION GIVEN II	V PART 1:0	
19a DATE OF OPER	ATION	196 COND	ITION FOR WHIC	CH OPERATIO	N WAS PERFORMED	20a AUTOPSY?	206 IF YES, WE	RE FINDING CAUSES	OF DEATH?
OR CONTRIBUTING (IF EITHER NOTIFY ME 21d INJURY OCCU WHILE NOTIFY ALV 22d Certify that is sow the decess obove, (1) (we) 22b. SIGNATURE	CAUSE OF DEAT DICAL EXAMINER) RRED WHILE ORK 1) (this hospite used alive an (did) (did) iner	P. 21e PLACE (AT HOME STE	M. MONTH M. OF INJURY REET FACTORY OFFIC e deceased from	17,00		CITY OR TO	ote and hour and	COUNTY	
22d. PHYSICIAN'S I	MY	PAGO IN DATE	With the Lot		220 ADDRESS	23d LOCATION CITY OF TOWN	My	Co	/ me/
Burial		May 2	3,1987	St.	Michael's	Poplar S	prings,	Howa	rd, Md.

Olin L. Molesworth, P.A., Damascus, Md.

DHMH - 16 60M 7/84 (VRA 15, 4)

TO FUNERAL DIRECTOR: After this centrificate has been signed by the attending physician should be detached for use as the burnal-transit permit. Then please remove carbon papers: P with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT, If them 21 is marked or man 18 sheets any injury, or other traumatic event, the man are more than 10 sheets and injury, or other traumatic event, the man are more than 10 sheets and 10 sheets and 10 sheets are sent to the more than 10 sheets and 10 sheets are sent to the more than 10 sheets and 10 sheets are sent to the more than 10 sheets and 10 sheets are sent to the more than 10 sheets and 10 sheets are sent to the more than 10 sheets and 10 sheets are sent to the more than 10 sheets and 10 sheets are sent to the more than 10 sheets and 10 sheets are sent to the more than 10 sheets and 10 sheets are sent to the more than 10 sheets and 10 sheets are sent to the more than 10 sheets and 10 sheets are sent to the more than 10 sheets are sent to the more than 10 sheets and 10 sheets are sent to the more than 10 sheets and 10 sheets are sent to the more than 10 sheets and 10 sheets are sent to the more than 10 sheets and 10 sheets are sent to the more than 10 sheets are sent to the more than 10 sheets and 10 sheets are sent to the more than 10 sheets are sent to the

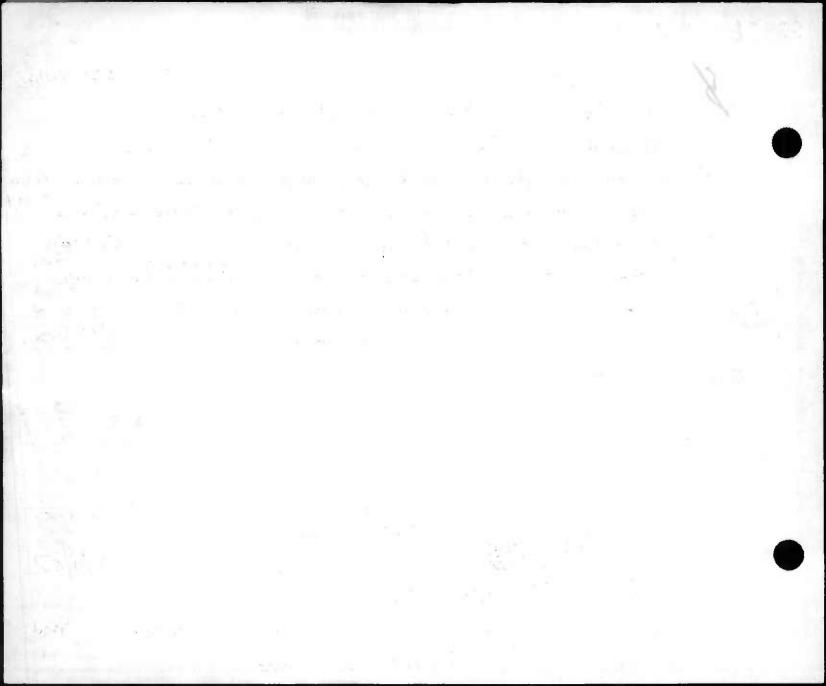
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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 TO HOSPITAL OR ATTENDING PHYSICIAN. The low requires that the death conficult is executed within 24 hours often death. Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR, After this certificate has been signed by the difference of the completely filled in by the funeral director, page 3 should be detached for use as the buriol-transit permit. Then please yimmer the completely filled in by the funeral director, page 3 should be detached for use as the buriol-transit permit. Then please yimmer the completely filled in by the funeral director, page 3 should be detached for use as the buriol-transit permit. Then please yimmer the property of the property

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moy the	6	3. SEX . 4 RACE S. DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER	77.00
Page 4 may be director, page 3 hours after death		Ferrale white MONITY 233 TEAR 4 83 YRS MONTHS	DAYS HOURS MIN.
death Pa	5	BIRTHPLACE (STATE OF FOREIGN 76 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED DIVORCED PARTIES DIVORCED DIVORCED DIVORCED DIVORCED	ATH
d with	1	10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (TYPE OF WORK FOR MOST OF WORKING LIFE) IND	KIND OF BUSINESS OR USTRY
21201 hours of in by	2/J	USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)	
MARYLAND 2 ed within 24 h smpletely filled	3	130 STATE 136 COUNTY 136 CITY OR TOWN 136 INSIDE CITY LIMITS? 130 STREET ADDRESS / ZIP CODE	. 335
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MA be	34	Nicholas H. Wartield Florence	Coliton
ORE,	0	160. WAS DECEASED EVER IN U.S. ARMED FORCES? 160 SOCIAL SECURITY NO. 17 INFORMANT (VES. NO. QRUNKNOWN) (IF YES GIVE WAR OR DATES)	rs Fm. Rd.
IIWC	1/	NO - 219-01-5314 HELENW. SCOTT Columbia Md.	21044
BALTIMORE,	137	PART I DE ATH WAS CAUSED BY	APPROXIMATE INTERVAL ETWEEN ONSET AND DEATH
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201 s the ed b pleos	ō	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN F	ARY 1
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sho sho	<u>¥</u>	236 BURIAL, CREMATION, REMOVAL 236 DATE 236 NAME OF CEMETERY OR CREMATORY 236 LOCATION	
BP		- COUNTY	TY STATE
		24 FUNERAL DIRECTOR 25a DATE REC'D. BY REGISTRAR 25b REGISTRAR 5.	SIGNATURE
DHMH - 16 60M 7 (VRA 15, 4)	7/84	SLACK FUNERAL Home EUICOTI City MB RIOYNAY 1 4 1987	- Words - Nondalls



meral director, page 3

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756 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

2		FOR STATE REGISTRAR	ATE CENTIFICATE OF PEATH						
		CEASED NAME FIRST		MIDDLE	ER	thal	20, DATE OF DEATH MONTH DA	0 81 830 Pm	
	3. SE		4 RACE		5. DATE OF BIRTH MONTH DAY YEAR			UNDER I YEAR IF UNDER 24 HRS	
		7emale	white	RAIL	3	8 98	84 YRS		
1 1	7 0	RTHPLACE (STATE OR FOREIGN COUNTRY) Virginia		what country? States	MARRIEI WIDOWE	DI NEVER MARRIED DI	HOWARD	COUNTY MD.	
1	10 CI	CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACRITY, GIVE STREET ADDRESS) 12. USUAL OCCUPATION 11 TYPE OF WORK FOR MOST OF WORKING IT THOWARD COUNTY GENERAL HOSPITAL TEACHER 12. USUAL OCCUPATION 12. USUAL OCCUPATION 12. USUAL OCCUPATION 12. USUAL OCCUPATION 13. USUAL OCCUPATION 14. USUAL OCCUPATION 15. USUAL OCCUPATION 16. NOT IN SUCH FACRITY GIVE STREET ADDRESS 16. USUAL OCCUPATION 17. USUAL						126 KIND OF BUSINESS OR INDUSTRY public school	
5	13a. S		o other institution durity cince G.	GIVE RESIDENCE BEFORE 13t. CITY OR TOW College	N	13d INSIDE CITY LIMITS? YES NO 🗗	13e STREET ADDRESS / ZIP CODE 5204 Huron St.	20740	
g	14. FA	ATHER'S NAME	Mills	LAST		15. MOTHER'S MAIDEN NAM	MIDDLE	LAST	
4		Cassius		Inma		Cora	Lee	Southall	
5	- 0	VAS DECEASED EVER IN U.S. YES, NO OR UNKNOWN) (IF YES NO	ARMED FORCES?	577-07-		Lee Carrut	sh 432 Gosnold Ct	Vin Beach	
1					-	200 002140		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH	
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		IMMEC		Scrup					
		Conditions, if any, which							
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2	CERTIFICATION				OPERATIO	PPERATION WAS PERFORMED 200 AUTOPSY? 200. IF YES, WERE FIN IN CERTIFYING CAUS			
7		21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	DEATH HOUR A.	M. MONTH DA	AY YEAR	21c. HOW INJURY OCCURR	ED (ENTER NATURE OF INJURY IN ITEM TO PAR	T I ORPART 2)	
	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE (AT HOME, STR	OF INJURY EET, FACTORY, OFFICE, F	ARM, ETC)	71f LOCATION STREET	CITY OR TOWN	COUNTY STATE	
	-	22a I certify that (I) (this ha	aspital) attended th	e deceased from_	5-	12- 10.87	to 5-20	QZ, that (I) (we) last	
		saw the deceased alive an 5-20 19 87, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (1) (we) (did) (did not) view the bady after death.							
		22b. SIGNATURE	way view me bady	oner death.	- 1	DEGREE		27c. DATE SIGNED	
		Knish		ungu	944		MEDICAL STAFF DIRECTOR PHYSICIAN	5-20-87	
		278 PHYSICIAN'S NAME ITY				22e. ADDRESS			
			IA P. KUI						
		SURIAL, CREMATION, REMOVE Direct Burial				emetery or crematory ncoln Cometery	23d LOCATION CITY OR TOWN Brentwood	COUNTY MO	
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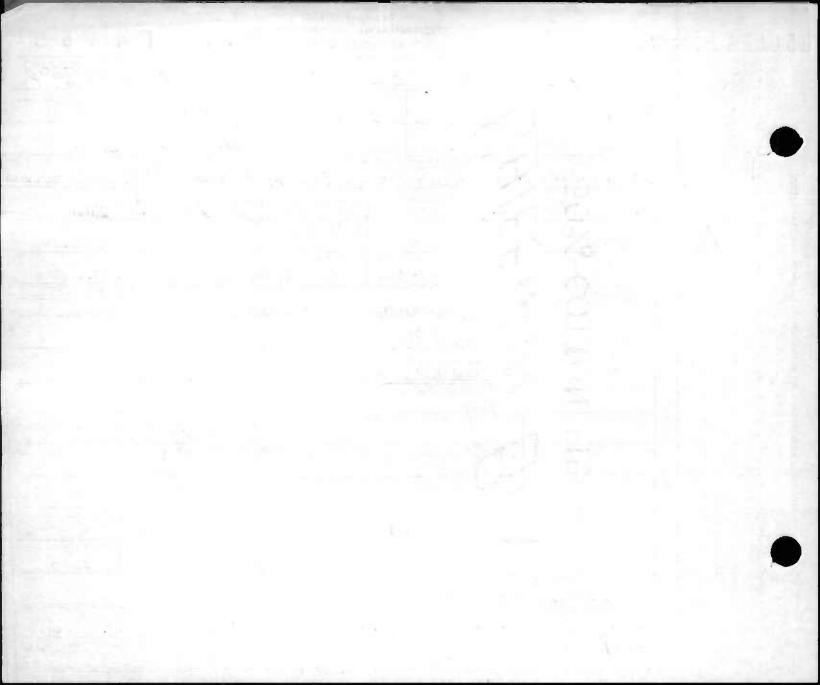
44.00ssPowder Mill Rd. Beltsville, MD.20705

Funeral Home

DHMH - 16 60M 7/B4 (VRA 15, 4)

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IMPORTANT: If Hem 21 is marked or Hem 18 shows any injury, or other tra



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENS CERTIFICATE OF DEATH

		REG. N	10.			
-		MAY	11	, 19	YEAR 187	26 HOUR 54
1	& AGE (IN YEARS LAST BI	RTHDAY	IF UND	DER I YEAR	IF UNDER 24 H

	CEASED NAME	FIRST		AIDDLE	- t	A51	2a. DATE	OF DEATH	HIMON	DAY YEAR	2h HOUR
(IAb	RO ROLL	4	5mi	ALLWOO	ク	EYRE		MAY	1,	1987	540
3. SE	X	4:	RACE		5. DATE C		& AGE (II	N YEARS LAST BIRTH		IF UNDER 1 YEAR	IF UNDER 24 HRS
1	MALE		WH	176	JUL	y 13 189	4	92	YRS	MONTHS DAYS	HOURS MIN
70 B	IRTHPLACE (STATE OR F	OREIGN 76	CITIZEN OF	WHAT COUNTRY?	8 MARRIE	NEVER MARRIED	9 BALTIM	ORE CITY OR	COUNT	OF DEATH	
	MARYLAN	ID	4.3	. A.	WIDOWE		O HO	WART	C	OUNTY	/ M
10 C	ITY OR TOWN OF DEA	TH 11		HOSPITAL, NURSING HEACHLITY, GIVE STREET		ROTHER INSTITUTION		L OCCUPATION OF FOR MOST OF			F BUSINESS O
6	OLUMBIA	/	LORI	EN NUN	esim	& CENTER	0 49 4	ELV15OR	2.	GOVT.	BLD6
13s.	AL RESIDENCE (IF NURS STATE	ING PME OR OTH		GIVE RESIDENCE BEFORE 13c. CITY OR TOWN WASHING TO	٧ , _	134 INSIDECITY LIMITS	4 6-0	T ADDRESS /			999 n
14. F.	ATHER'S NAME	44/0	DIE_	1467		15 MOTHER'S MAIDEN	NAME			2011	
	LEE	~	1.	EYRE		EUDORA	7	MIDDIE		5MALL	WOOD
	WAS DECEASED EVER			166 SOCIAL SECUI	RITY NO.	17 INFORMANT	1111111	ADDRES	55		
	YES, NO OR UNKNOWN)	(IF YES, GIVE W	AR OR DATES)			JAMES H. L	EASTE	2			
	Conditions, if ony,	which	DUE TO, OI	SCPS RAS A CONSEQUE PARCE	NCE OF	ri A				Deg.	MATE INTERVAL INSET AND DEATH
	couse (o), stotin underlying couse		DUE TO, OI	AS A CONSEQUE	NCEOF	sclerost	2			1/Ear	15
NOI	PART 2 OTHER SIGN	VIFICANT COI	NDITIONS CO			NOT RELATED TO THE TE		ASE OR COND	ITION GIV	EN IN PART 1 0	
CERTIFICATION	196 DATE OF OPERAT	NON	19b. CONDI	TION FOR WHICH	OPERATIO	N WAS PERFORMED	20s AU YES	TOPSY?	IN CERTIF	S, WERE FINDIN FYING CAUSES	
	21g. ACCIDENT WAS UND OR CONTRIBUTING (15 EITHER NOTIFY MEDIC	AUSE OF DEATH	216. TIME O HOUR A.	M. MONTH DA	Y YEAR	21c. HOW INJURY OCC	URRED (ENTER	NATURE OF INJURY	IN ITEM 18 F	PART I OR PART 2)	
MEDICAL	21d INJURY OCCURE WHILE NOT WH AT WORK AT WOR	ILE 🗆	21e. PLACE ((AT HOME, STR	OF INJURY EET, FACTORY, OFFICE, FA	RM, ETC)	211 LOCATION STREET		CITY OR TOW	N	COUNTY	STATE
	22s. I certify that (I) sow the decease above, (I) (we) (c	ed olive on	apr	14 19 8	2 . on	nd that in (my) (our) opini	on death occur	red on the dot	e ond hou		hot (1) (we) los couses stoted
	276 SIGNATURE	·N	7)			DEGREE		4.1		22c. DATE S	IGNED

224 PHYSICIAN'S NAME (TYPE OF PRINT)

22e ADDRESS

ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN

JERRY LEVINE, MD

10802 HICKORY RIDGE CIR. Co. MD.

24 FUNERAL DIRECTOR

TOR STATE REGISTRAR

23c NAME OF CEMETERY OR CREMATORY

CITY OR TOWN

DHMH \$16 60M 7/84

(VRA 15, 4)

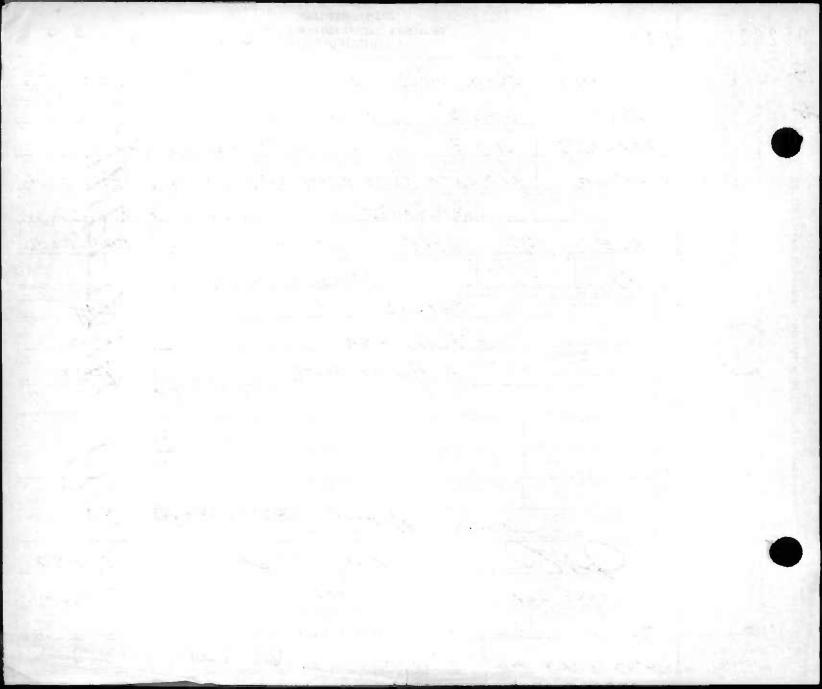
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SLACK FUYERAL Home

SULL COTTERY MD

ST. MARK'S CLOMETERY HIGHLAND FRONTING

250 DATE REC'D. BY REGISTRAR 250 REGISTRAR'S SIGNATURE
MAY 4 1987 Julia Dundam-Kin



DHMH

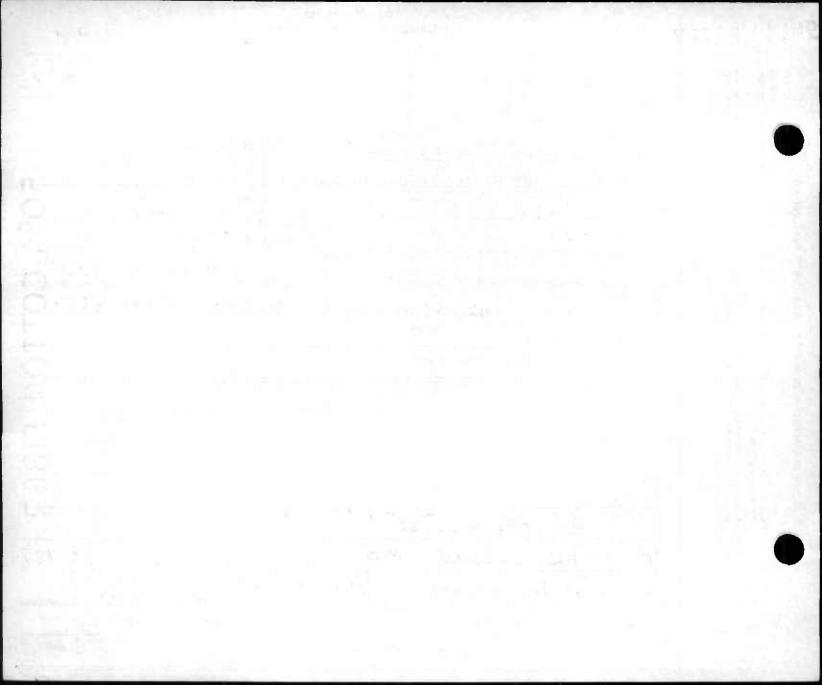
(VRA 15, 4)

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE. CERTIFICATE OF DEATH

	4	ن	Ó	1
NTH	DAY	YEAR	2b	HOU
	-			4 0

5 6/1	FOR STATE REGISTRAR	DEPARTI	MENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	PREG. NO	14561
	DECEASED NAME FIRST TYPE OR PRINT) ESTHE	MIDDLE L.	FICK	20 DATE OF DEATH	5 - 20 - 87 2 26 HOUR
3.	SEX	4. RACE	Dec. 16, 1895	6. AGE (IN YEARS LAST BIR	THDAY) # UNDER 1 YEAR # UNDER 2.
77	New York	76 CITIZEN OF WHAT COUNTRY? U.S.A.	MARRIED NEVER MARRIED	HOWARD	R COUNTY OF DEATH
//	COLUMBIA	(IF NOT IN SUCH FACILITY, GIVE STREET HOWARD COUNTY	GENERAL HOSPITAL	170 USUAL OCCUPATI (TYPE OF WORK FOR MOST O HOUSEWITE	
7 / N	SUAL RESIDENCE LIF NURS TO THE ORDER OF THE COLLEGE	other institution, give residence before 13c CITY OR TOY, Tonawano	YES NO D	13 STREET ADDRESS	St. North 9999
1911	Mali K liedei	MIDDLE LAST		ise Hoffma	
3 160	WAS DECEASED EVER IN U.S. AR (YES NO OR UNKNOWN) (IF YES, GIV	MED FORCES? 166 SOCIAL SECU E WAR OR DATES) 123 36 6	Mrs Marylou	Maus 3630 C	hatham Rd Ellicot
Show show in lury, o			DEATH BUT NOT RELATED TO THE TERM	200 AUTOPSY?	DITION GIVEN IN PART TO 206 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH
-//	OR COMPRESSION TO CAUSE OF DE	TH HOUR A.M. MONTH D	AY YEAR	YES NO RED (ENTER NATURE OF INJUI	YES NO RY IN ITEM 18 PART (OR PART 2)
MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, F	21f LOCATION	CITY OR TO	WN COUNTY STA
n 21 is mo	saw the deceased alive an abave, (I) (we) (did) (did no	tal) attended the deceased from May 20 19 3	7 , and that in (my) (our) opinion	, to death accurred on the do	, 19, that II (we ate and have and from the causes state
Z	Bacton KAL	isofuld	DEGREE ATTENDING PHYSICIAN [IAN
MPOKIAN A	1-0	ershfield	Hoverd Co	nbia, Mi	ral Hospital
230	BURIAL, CREMATION, REMOVAL (SPECIFY)Burial		NAME OF CEMETERY OR CREMATORY Elm Lawn	Tonawanda	
	FUNERALDIRECTOR Harry H Witzke 41	12 Old Columbia	Pike Ellicott 250 DAI	E REC'D. BY REGISTRAR Y 2 1 1987	256 REGISTRAB SISIGNATURE dass



STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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	44		

2 JUN -	510	STATE REGISTRAR		DEPARTI		EALTH AND MENTAL HYG ICATE OF DEATH	BIENE 8 7	45	6 8
	DE		RST	MIDDLE	l	AST	20 DATE OF DEATH MONTH	DAY YEAR	26 HOUR
	TYPE	Byron Byron		F.	Flavi	n	5/27/87	Mr. A	20
	3. SEX	X .	4. RACE		5. DATE C	E BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)		IF UNDER 24 H
	I	Male	White		MONE	3/12 /08 YEAR	79 YRS	MONTHS DATS	HOURS MI
1	7a Bi	RTHPLACE (STATE OR FOREI	GN 76. CITIZEN OF	WHAT COUNTRY?	8	D NEVER MARRIED	9 BALTIMORE CITY OF COUNT	TY OF DEATH	
21	V	Tii.	USA		WIDOWE		Howard County	1	1
2	pof	TY OR TOWN OF DEATH	11. NAME OF	HOSPITAL, NURSIN	NG HOME	OR OTHER INSTITUTION	12a USUAL OCCUPATION	126 KIND OF	
10		olumbia.	Howard	County	Genera	al	Dentist	Denta	1
1	USUA	AL RESIDENCE (IF NURS IN)	OME OR OTHER INSTITUTION	13c. CITY OR TOW	E ADMISSION)	13d INSIDE CITY LIMITS?	13e.STREET ADDRESS / ZIP COI	DE 130	260
19		III "	Cook	Homewoo		YES NO NO	840 Elder Ave.	60430/	777
1	TOFA	THER'S NAME FIRST	MIDDLE	LAST		15 MOTHER'S MAIDEN NA		LAST	
1	2	Edwin F.]	Flavin			Permilla S	Simons	LASI	
1		VAS DECEASED EVER IN U		16b. SOCIAL SECU	JRITY NO.	17. INFORMANT	ADDRESS	*****	-
-		Yes (IF	YES, GIVE WAR OR DATES)	Label Section		Pamela Dillor	n 6053 Old Lawy	rers Hill	Rd.
		18 CAUSE OF DEATH (E	nter only one couse per	r line for (a), (b), on	dicul	, mar	-y	APPROXIM BETWEEN ON	NATE INTERVAL
1		PART I. DEATH WAS	CAUSED BY: MEDIATE CAUSE (0)	ANVA	NCCO	1 Purpin	Atry DIJER)F	
				R AS A CONSEQUE	ENCE OF	10			
		Conditions, if ony, wh		0 0	mcc	O DIAS	ety	F 8-64	
10		gove rise to immedicouse (o), stating	ote	R AS A CONSEQUE	ENCE OF				
		underlying couse la		CIA	9101	MIOPATIM			
		PART 2 OTHER SIGNIFIC	CANT CONDITIONS C	ONTRIBUTING TO I	DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CONDITION G	IVEN IN PART 110	
	<u></u> 6	インクチャ	rem (-en es	MAL	DISEM	つど		
Sony	CERTIFICATION	190 DATE OF OPERATION	196. COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPSY? 20b IF Y	ES, WERE FINDING	SS USED
) ho	E						YES W NO .	YES 🗌	NO 🗍
7	1	210. ACCIDENT WAS UNDERLY OR CONTRIBUTING CAUSE		OF INJURY .M. MONTH D	AY YEAR	21c. HOW INJURY OCCURE	RED (ENTER NATURE OF INJURY IN ITEM 18	PART I OR PART 2)	
7	S	(IF EITHER NOTIFY MEDICALE	CO, DENIII.	Μ.	19				
	MEDICAL	21d INJURY OCCURRED	LAT HOME ST	OF INJURY REET, FACTORY, OFFICE, F	ARM ETC]	211. LOCATION STREET	CITY OR TOWN	COUNTY	STATE
	-	AT WORK NOT WHILE					(1)		1
		22a.1 certify that (I) (this		e feceased from	79	114 198)			hat (I) (we)
		sow the deceased of above, (I) (we) (did) ((did not) view the body	ofter death.	, or	nd that in (my) (our) opinion	death accurred on the date and ha	our and from the co	ouses stated
		22b. SIGNATURE			17.14	DEGREE	Janes area	22c DATES	IGNED
		1111	me do	2015		PHYSICIAN [MEDICAL STAFF DIRECTOR PHYSICIAN	3/2	1/87
1		224 PHYSICIAN'S NAME	(TYPE OR PRINT)			22e ADDRESS			A
Z Z		17	HUKDA	115	1115	1 9141131	ATOMAP. PICC	ELAU	2106
	230 B	URIAL, CREMATION, REM	OVAL 236. DATE	230	NAME OF C	EMETERY OR CREMATORY	23d LOCATION CHY OR TOWN	COUNTY	STATE
_	_	rial	5-30-	87 As	sumpt	ion Cemetery	Glenwood	Cook I	11/
	24 F1	NERAL DIRECTOR				250 DAT	ENDECAD DV DECADOR DIA DECH	To second	05 48 4

DHMH - 16 60M 7/84 (VRA 15, 4)

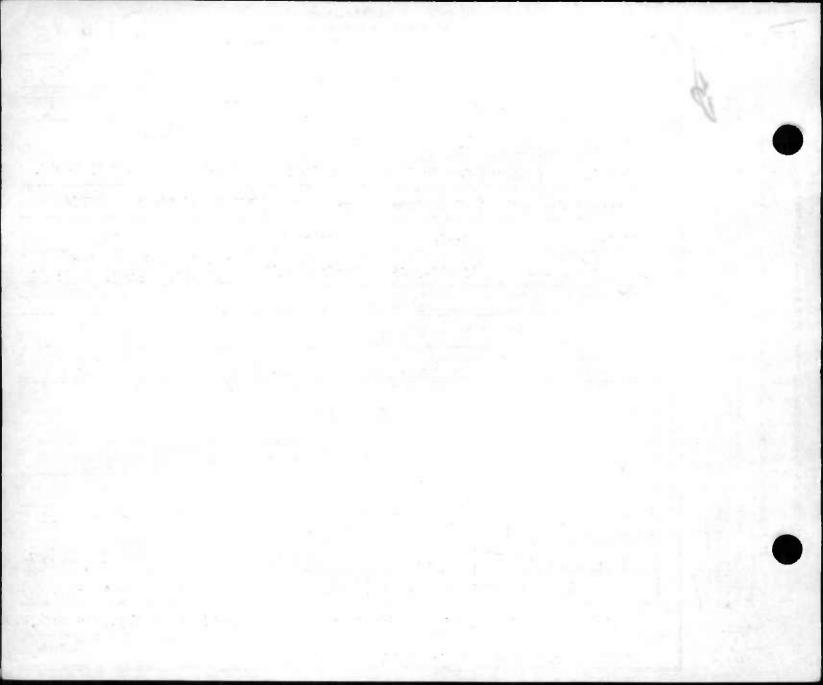
Gary L. Kaufman Funeral Home 5695 Main St

1987

Elkridge, Maryland 21227

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3 035010 JUN		FOR STATE REGISTRAR		DEPARTN	LENT OF H	E OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH	IENE 7 REG. NO.	5 6 9
nay be page 3	I DE	CEASED NAME FIRST	D.	IDDLE	Fr.	azieh berieth	may 27	YEAR 26 HOUR 5:30 pm
rector.		Female	whi		Ava		84 YRS	ONTHS DAYS HOURS MIN.
death. Pe		IRTHPLACE ISTATE OR FOREIGN COUNTRY) JEUSEY	76 CITIZEN OF W	S.A.	MARRIEI WIDOWE	DI NEVER MARRIED DI	Howarc County	OF DEATH MD
by the fulled with	110 C	Columbia	HOWARD	OSPITAL, NURSING FACILITY, GIVESTREET COUNTY	G HOME C ODRESS) PENETO	er other institution	THE OF MORE TO MOST OF WORKING LIFE	126 KIND OF BUSINESS OR INDUSTRY GOV t.
AND 212 filled in orlid be	130.	AL RESIDENCE I IF NURSING HOMEOI STATE New Jersey Moni		BIVE RESIDENCE BEFORE 130 CITY OR TOWN EATONTO		13d. INSIDE CITY LIMITS?	13 35 FFFF BROKES / \$12.50 E.	t 7017249
MARYLL ed within mpletely out-23st	3	ATHER'S NAME William	WIDDIE	Davis		15. MOTHER'S MAIDEN NAM Deburah	WIDDLE	Fary
be executed and colored colore		WAS DECEASED EVER IN U.S. AR YES, NO OR UNKNOWN) IF YES, GIV NO -	E WAR OR DATEST	166 SOCIAL SECUI 143-10-09		17 INFORMANT Doris Morris	10613 Hunting	ruland 21044
ST., BAL ertificate g physicic anpaper emaval.		18 CAUSE OF DEATH (Enter or PART I. DEATH WAS CAUSE IMMEDIA	lly one cause per la D BY: TE CAUSE (a)	brain-St		herniation		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
PRESTON the death or temove carb emation, ar		Conditions, if ony, which gave rise to immediate couse (0), stating the	(b)	AS A CONSEQUE	~ul	edema		30
201 W		underlying cause last	(c)	intrac	cevel	NOT RELATED TO THE TERM	Page_ INAL DISEASE OR CONDITION GIVE	NIN PART I I a
AL RECORDS, he law requir on. has been sig thors prior to be tiene prior to be from sony injur	CERTIFICATION	190 DATE OF OPERATION	196 CONDI	ina Peel	OPERATIO	N WAS PERFORMED		WERE FINDINGS USED ING CAUSES OF DEATH?
OF VITA ICIAN. T g physica entificate ici-transi		210. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DE	HOUR A.M	MONTH DA	Y YEAR	21c. HOW INJURY OCCURR	ED (ENTER NATURE OF INJURY IN ITEM IB PA	RT I OR PART 2)
DIVISION OF VITAL NG PHYSICIAN. The offending physician is free this centricate has the buriof-transit post the buriof-transi	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE O	F INJURY ET, FACTORY, OFFICE, FA	ARM ETC)	21f. LOCATION STREET	CITY OR TOWN	COUNTY STATE
ATTENDIN spiral or CTOR. Af for use of for use of the olif		220.1 certify that (1) (this hasp saw the deceased alive an above (1) (we) (did) (did no			≤ Z	d that in (my) (aur) opinion o	ta 5 2 1, 1 death occurred an the date and haur	ond from the couses stated
ITAL OR A by the has ERAL DIRE e detached Stote Dept.		226 SIGNATURE	ATE		^	ATTENDING PHYSICIAN (MEDICAL STAFF	5 27 82
TO HOSPITAL retained by th TO FUNERAL should be deter with the State IMPORTANT. II		PATRICE	A		Mn	10772 Hickory	PIOGERO, COWM	BIA IMD.
999 BP 99		BURIAL, CREMATION, REMOVAL (SPECIFY Burial	30 Ma			emetery or crematory Cemetery		wp.", Monmowth, N.
DHMH - 16 60M 7/B4 (VRA 15, 4)	24 F	UNERAL DIRECTOR SLACK Funera	l Home	Ellicota	t City	1. MD 21043	ERECTO BY REGISTRAR 25 WREGISTR 1987 Julia	AR'SSIGNATURE



STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	FOR STATE REGISTRAR	DEPARTA	MENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE 7 REG. NO.	15/0
	1. DECEASED NAME TO HA	J BELL	GAITHER TR	20. DATE OF DEATH MONTH	1 1987 7 A M
	3. SEX	4 RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS.
	Male	White	JAN 19 1921	66 YRS.	MIN.
1	70 BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY?	8 MARRIED NEVER MARRIED	9 BALTIMORE CITY OR COUNT	TY OF DEATH
1	Maryland	USA	WIDOWED TO DIVORCED	Howard	MD.
1	0 CITY OR TOWN OF DEATH Ellicott City	11. NAME OF HOSPITAL, NURSIN HENOT IN SUCH FACILITY, GIVE STREET, 3628 Joycin Ct.	ADDRESS) 21043	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING retired	12b. KIND OF BUSINESS OR INDUSTRY self employed
1	USUAL RESIDENCE (IF NURSING HOME OI 130, STATE 13b, COUI HOW)	OR OTHER INSTITUTION GIVE RESIDENCE BEFORE INTY 13c. CITY OR TOW	13d INSIDE CITY LIMITS?	13e STREET ADDRESS / ZIP COI	
0	John	Bell Gaither.	Sr. Lillian	WIDDLE	Thornberg
	160 WAS DECEASED EVER IN U.S. AF (YES NO OR UNKNOWN) (IF YES, GI	RMED FORCES? NE WAR OR DATES) 16b. SOCIAL SECU 217-14-2		sberoer 3628 Joy	cin Court ₂₁₀₄₃
	PART I. DEATH WAS CAUSE	inly one cause per line for (a), (b), and ED BY: ATE CAUSE (o) ARD			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
		DUE TO, OR AS A CONSEQUE	TNOMA OF TH	MINAL DISEASE OR CONDITION G	ONE YEAR
,	190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED	IN CERT	ES, WERE FINDINGS USED IFYING CAUSES OF DEATH? YES \(\bigcup \text{NO} \)
-	OR COMMENSURE COMMENSURE	HOUR A.M. MONTH DA	AY YEAR 19	RRED (ENTER NATURE OF INJURY IN ITEM TE	3 PART (OR PART 2)
	GIF EITHER NOTIFY MEDICAL EXAMINE 21d INJURY OCCURRED WHILE NOT WHILE AT WORK	218 PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, F	(21) LOCATION STREET	CITY OR TOWN	COUNTY STATE
	saw the deceaded alive ar	n	, 19, and that in (my) (aur) opinion	death occurred an the date and ho	that (I) (we) lost our and from the causes stated
	22b. SIGNATURE	Mant-	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	5-31-87
	22d PHYSICIAN'S NAME (TYPE	1. MANSBERG		Court, 21043	
	730. BURIAL, CREMATION, REMOVAL BURIAL		Druid Ridge	23d LOCATION CITY OF TOWN Balto	Balto MD
	HARRYAH WITZKE & FUNERAL HOME		COLUMBIA PIKE 250 DA	UN 1 1987 Julia	Dender Kindes

4112 OLD COLUMBIA PIKE TO DATE REC'D.

ELLICOTT CITY MD 21043

JUN 1

DHMH - 16 60M 7/84 (VRA 15, 4)

FUNERAL HOME, INC.

BP.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician of should be detached for use as the burial-transit permit. Then please remove carban papers. Pawith the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If them 21 is marked or them 18 shaws any injury, or ather traumatic event. The me

TO HOSPITAL OR ATTENDING PHYSICIAN: The low retained by the haspital or attending physician Tale Sale of the Sale of the Sale of the Sale of Sale

1011 madement 11th

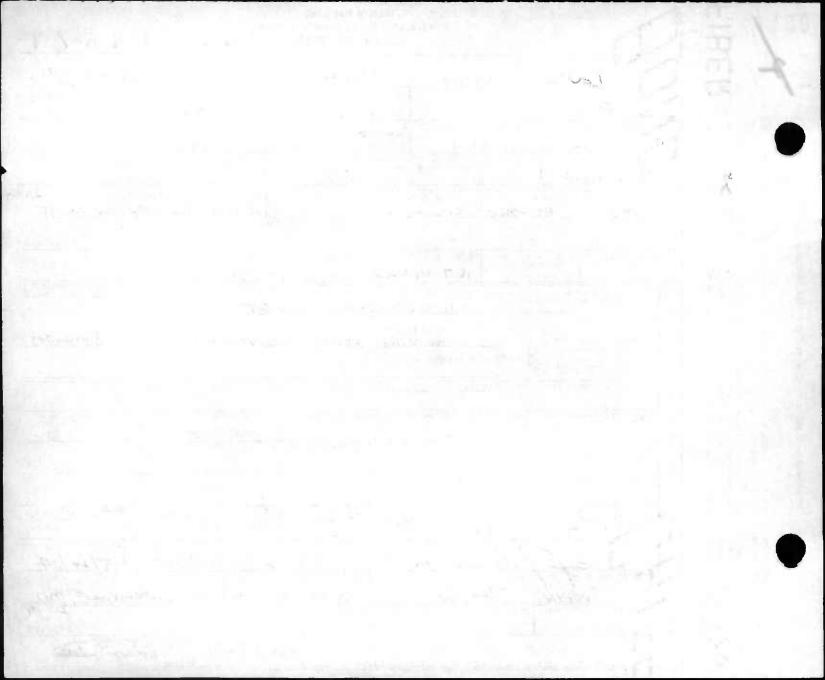
217-14-2726 In. John Hansheroor 3022 Juyeth Court 22049

HAPPY N WITZERS & FOREIG WITZ GEO GEORGES N'INC

STATE OF MARYLAND

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		REGISTRAR				CERTIF	FICATE OF DEATH	8 KEG. N	10.	45	/
		CEASED NAME	FIRST	MIE	DDLE		LAST	2e. DATE OF DEATH	MONTH	DAY YEAR	26. HOUR
page 3 death	1100		ELLA		•	Н	IALNAN	5/24/87	5	24 87	1045 pm
9	3. SE			RACE		S. DATE C	OF BIRTH	6. AGE IN YEARS LAST BE	RTHDAY)	MONTHS DAYS	IF UNDER 24 HRS HOURS AIN.
r of o		Fema	le	White	2	MONT	8 DAY 2 YEAR 1	75	YRS	MONTHS DATS	min.
3/	7e. B	IRTHPLACE (STATE OR FOI		CITIZEN OF W		TRY? 8	D NEVER MARRIED	9 BALTIMORE CITY	OR COUNT	Y OF DEATH	
(A)	I	Pennsylvania	a	U	SA	WIDOWE		Ho	when	10 COUN	TU MD
7871	10. C	ITY OR TOWN OF DEAT	Ή 1	I. NAME OF HO			OR OTHER INSTITUTION 21044	120 USUAL OCCUPAT	ION	12b. KIND OF	BUSINESS OR
地方		COLUMBI	4	10369 B			Columbia, Md			Own H	OMA
1	USU	AL RESIDENCE (IF NURSING	IG HOME OR O	THER INSTITUTION GI	IVE RESIDENCE	BEFORE ADMISSION)	1136 INSIDE CITY LIMITS?	13e STREET ADDRESS			2104
Ma)	1.00	mo		WARD	-	UMBIA	YES NO	10369 B	LUE	ARROW C	OURT
24	14. F.	ATHER'S NAME			LAST		15 MOTHER'S MAIDEN NA			LAST	
1387)	William		M.	Ki1		Helen	AIDD(E			arn
8 0		WAS DECEASED EVER IN	U.S. ARM	ED FORCES?		SECURITY NO.	17 INFORMANT	ADDR	ESS	Dife	
Pog		NO NO OR UNKNOWN)	(IF YES, GIVE Y	WAR OR DATES)	167-	01-040	Richard A.	Sr.	00 25	130	
- Pe			Ester salu				I KICHALU A.	narnan ban	ie as	APPROXIM	NATE INTERVAL
0 × 4		18 CAUSE OF DEATH PART I. DEATH WA	SCAUSED	BY:	4 4	,, 0.10 10 1.	CONTRACTOR SAME			-	
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n, ar rema		IA		CAUSE (o)		EOUENCE OF				,	
ation, ar rema fraumatic ever		Conditions, if any,	which	CAUSE (o)	AS A CONS	10 RESPU		CINOMA		3 ~	rown+5
cremation, ar rema ther traumatic ever		Conditions, if any, a gove rise to imme cause (a), stating	which ediate the	DUE TO, OR A	AS A CONS	EOUENCE OF				3 ~	wasts
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en piease remave carban p 3 burial, crematian, ar rema ury, ar ather traumatic ever	z	Conditions, if any, or gove rise to imme cause (a), stating underlying cause	which ediate the lost.	DUE TO, OR /	AS A CONS	EOUENCE OF		CINOMA	NDITION G		conts
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Leroy M. & Russell C. Witzke Funeral Home



TO FUNERAL DIRECTOR, after this certificate has been signed by the ottending physicion and or should be detached for use as the burial-transit permit. Then please remove corbanpopers. Pages with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

DHMH - 16 60M 7/84 (VRA 15, 4)

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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE.
CERTIFICATE OF DEATH

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	SEC NO					

J		FOR STATE REGISTRAR		DEPARTA		EALTH AND MENTAL HYG ICATE OF DEATH	IENE 7	1 4	5 /	2
		CEASED NAME FIRST	ernon L.	Hatheway		AST	May 30,	MONTH DAY	YEAR	26 HOUR 8:39AM
	3. SE		14 RACE		5. DATE C		6 AGE (IN YEARS LAST BE		NDER I YEAR	IF UNDER 24 HRS
M		Male	White	e*		il 27,1907°	80	YRS.		HOURS MIN.
35	7a B	RTHPLACE (STATE OR FOREIGN COUNTRY) Maryland	U.S.A.	HAT COUNTRY?	8 MARRIEI WIDOWE	DE NEVER MARRIED DIVORCED	9 BALTIMORE CITY 9 Howard	_	DEATH	MD.
20		TY OR TOWN OF DEATH Ellicott City		PACHUTY GIVE STREET Freder		oad	Retired 1			Yard
32	USU. 13a M	AL RESIDENCE (IF NURSING HOME OF TATE 136 COL HOWA	OR OTHER INSTITUTION GINTY,	INE RESIDENCE BEFORE	ADMISSION)	13d INSIDE CITY LIMITS?	13e STREET ADDRESS 10470 Fr		Road	21043
3		Ather's NAME Albin Hatheway	MIDDLE	LAST		IS MOTHER'S MAIDEN NAM	Weiseman		LAS1	
/		VAS DECEASED EVER IN U.S. A YENO OR UNKNOWN) (IF YES, C		217 05 9		Mrs Ethel Ha	theway 104	RESS 70 Frede	erick	Rd 2104:
, or other months are		Conditions, if ony, which gove rise to immediate cause (a), stating the underlying couse lost. PART 2 OTHER SIGNIFICANT	(b)	AS A CONSEQUE AS A CONSEQUE NTRIBUTING TO 1	ENCE OF	adenocana	INAL DISEASE OR COM	NDITION GIVEN I		3 month
1	TIFICATION	190 DATE OF OPERATION 3-19-8-7	196 CONDIT	ION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WI IN CERTIFYING YES		
9	CAL CERTI	21a ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (IF EITHER NOTIFY MEDICAL EXAMIN	HOUR A.M	MONTH DA	AY YEAR	21E. HOW INJURY OCCURE	RED (ENTER NATURE OF INJ	JRY IN ITEM 18 PART 1	ORPART 2)	
	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE O	F INJURY ET, FACTORY, OFFICE F	ARM. ETC)	211 LOCATION STREET	CITY OR T	OWN	COUNTY	STATE
^		22a I certify that (I) (this has saw the deceased alive a above (I) (we) (did) (did n 22b-64C) ATURE	3-20	190	7, ar	nd that in (my) (our) opinion of	death occurred on the c	. 19 =	d from the o	
		224 PHYSICIAN'S NAME (TYPE		eno		ATTENDING PHYSICIAN 22e ADDRESS	MEDICAL STA	CIAN _	5-30	27
		Parry A Moore				Two North Kn	oll Dr Co	lumbia N	Md 2:	L045
	23a. E	BURIAL, CREMATION, REMOVA (SPECIFY) Burial	June 2	, 1987	Crest		23d. LOCATION CITY OR TOWN	Howard		
/B4	HÆ	RRYALHIEGITZKE & FUNERAL HOME,	FAMILY INC.	4112 OLD ELLICOTT	COLU	MBIA PIKE 250. DAT MD 21043	E REC'D. BY REGISTRAI	Julia Da	rden T	andres.

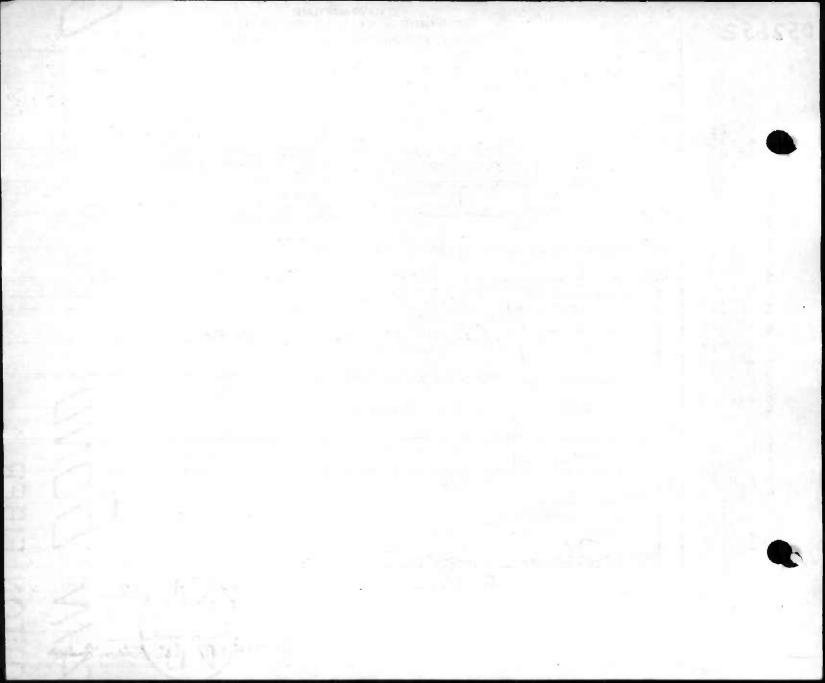
TAULTS THE TRAINING LINE TO LAND THE ST. LOW.

20M 4/B2

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

			-1	No.
	4	2	1	
REG				

1		EGISTRAR	ME	DICAL	EXAMIN	ER'S	ERTIFICA	TE OF DE	EÁTH '	REG. NO.		
		EASED NAME FIRST OR PRINT) MAYIMILL	IAN JE	MIDDLE SEP	H	1714	PERT		20. DATE KNO OF ES DEATH MA	STI-	13 198	7 2b. HC
3 5		ale White	5 DATE OF BIRTH	O2	6. AGE (IN YE. LAST BIRTHD)	AY) MONT		JNDER 24 HR	S 26. DATE PRONOUNCED DEAD	5-	3 198	7 1/1
M	FORE al	THPLACE (STATE OR IGN COUNTRY) Cyland	U.S.			WIDOW		NORCED [1 BALTIMORI	CITY OR COL	COUNT	y
	5	Sykesville		OTO	Fred	erio			ISUAL OCCUPATION MOST OF WORKING		Naval	F BUSINES USTRY Yar
5 30	ST.	How	ITY	13c. CIT	e BEFORE ADMISSI Y OR TOWN Y Kesvi	e v		10 🗆	TREET ADDRESS	ld Fre	derick	2178 Rd.
0	Ma	HER'S NAME FIRST AX AS DECEASED EVER IN U.S. AR	MED FORCES?	Hilr 116b SO	Dert CIAL SECURIT	Y NO.	15. MOTHER'S FIRST Barba 17. INFORMAN	ara	MIDDLE	DDRESS	Sauer	
	N	, NO, OR UNKNOWN) (IF YES, GIVE	WAR OR DATES)	2	14-30-		Mı	cs. Ma	argaret	Sam Hilpe		13
EMAŢIĢN. OS		cause (a) stating the <u>under-</u> <u>lying cause last.</u> PART 2 OTHER SIGNIFICANT CONDITIONS	(c)		NSEQUENCE (OR CONDITION GIV	EN IN PART T (a).				
CERTIFICATION		190. DATE OF OPERATION	19b. CONDI	TION FOR	WHICH OPER	ATION W	AS PERFORMED)?			20 AUTO	
		210. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF	DEATH P.A	A. MONTH	DAY YEAR			CURRED LENT	ER NATURE OF INJURY	IN ITEM 18 PART 1 OF	t PART 2)	
MEDICAL		WHILE DOT WHILE EAT WORK		OF INJURY	Y (AT HOME, ETC.)		TREET		CITY OR TOWN		COUNTY	STA
		22a I certify that I took charged death resulted from: Natural CTUAL SIGNATURE	ge of the remains de ral couses ,	Accident		Autop	Hamicide	IFY)	Inquiry Address Manne	r [].	TE 5-	3-87
2	E	EXAMINER'S NAME THOSE	mas F.	Hei	bert.	MD	ADDRESS C	Mica	H CA	b. Me	A 2n	743
	(5P)	RIAL, CREMATION, REMOVAL Removal	5-3-87	23¢.	NAME OF CEA	AETERY O	R CREMATORY		LOCATION ITY OR TOWN		OUNTY	STATE
(5))		NERAL DIRECTOR NAME State Anat	omy Böäi	d	Balt	.0.,			by registrar 2	. 0 000	S SIGNATURE	200



8	7	1	4	
	REG. NO.			

ı	A	- A	7	,ee
ł	7	7	/	En

HAY	25	FOR STATE REGISTRAR			DEPARTM		EALTH AND MENTAL HYG	BIENE 8 7	0.	4 5	7 4
		CEASED NAME	FIRST		WIDDLE		AST	20 DATE OF DEATH	MONTH DA		26 HOUR
	[TYPE	E OR PRINT)	towar	h	77	H	vber		5-13	3-87	4:45
- 20	3 SE:	X		RACE	8	5. DATE C		6. AGE (IN YEARS LAST BE		UNDERIYEAR	IF UNDER 24 HRS.
		Male		whi	te	MONTH	DAY YEAR	62	YRS	NIHS DAYS	HOURS MIN.
2		IRTHPLACE (STATE OR F	OREIGN 7	b. CITIZEN OF	WHAT COUNTRY?	MARRIE	NEVER MARRIED	9 BALTIMORE CITY C	OR COUNTY O	FDEATH	
		Ohio		0	SH	WIDOWE	D DNORCED	Howard Co	ounty		MD.
E/]	10 CI	ITY OR TOWN OF DEA	ATH 1		HOSPITAL, NURSING THE FACILITY, GIVE STREET A		OR OTHER INSTITUTION	120 USUAL OCCUPAT		126. KIND O	F BUSINESS OR
ē _		licott Cit		4840 M	ontgomery	Rd	21043	Retired		Chem	nist
ñ	13a. S	AL RESIDENCE IF NURS	136 COUNT	THER INSTITUTION.	GIVE RESIDENCE BEFORE	ADMISSION)	134, INSIDE CITY LIMITS?	13e.STREET ADDRESS	/ 7IP CODE		
		MD.	Howa		Ellicot		YES NO	4840 Mont		Rd.	21043
8/	14. FA	ATHER'S NAME		IDDLE	LAST		15 MOTHER'S MAIDEN NA	ME	- moo		
(E		Ralph		DOTE	Huber		Lena	MIDDLE		Novot	
0		WAS DECEASED EVER			166 SOCIAL SECUR		17 INFORMANT	ADDR	ESS	Novok	
medico	- (YES, NO OR UNKNOWN)	(IF YES, GIVE	WAR OR DATES)	300-14-	0527	June Huber	4040 Manha	D	3	21043
4		18 CAUSE OF DEAT					I June nuber	HOAU MOULE	mery k	APPROXI	MATE INTERVAL DISET AND DEATH
ent,		PART I. DEATH W		BY.	Cus	- X	on morany	annes	+		- 20 mins.
, or other troumo		Conditions, if any, gove rise to imm cause (a), statin underlying cause	nediate og the last	(b)	R AS A CONSEQUE	NCE OF	NOT RELATED TO THE TERM	NINAL DISEASE OF CON	IDITION GIVEN	I IN PART 1	
talu >	TION	19a DATE OF OPERAL								- 115	
1	CERTIFICATION			198 CONDI	ITION FOR WHICH	SPERATIO	N WAS PERFORMED	200 AUTOPSY?	20b IF YES, V IN CERTIFYII YES	NG CAUSES	
9		OR CONTRIBUTING	CAUSE OF DEAT		M. MONTH DA	Y YEAR	21¢ HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	RY IN ITEM 18 PART	T OR PART 2)	
9	MEDICAL	21d INJURY OCCUR		21e PLACE		19	211 LOCATION				
o yked	ME	WHILE NOT WH	IILE 🗍		REET, FACTORY, OFFICE, FA	RM, ETC)	STREET	CITY OR TO)WN	COUNTY	STATE
Z 1 15 m		220 I certify that (1)				8	nd that in (my four) apinion	death occurred on the d	ate and hour a		that (I) (ve) ast causes stated
He H	ď,	77h SIGNATURE	(10)	(000)	oner death.	- 17	DEGREE ATTENDING	MEDICAL STA	FF	22c DATE	SIGNED
Z T			XVIX	800 h			PHYSICIAN (5	113/8/
MPORIA		Chank			han M	1.0.	22e. ADDRESS				1
2	23a. 8	BURIAL, CREMATION,		236. DATE			EMETERY OR CREMATORY	23d LOCATION		COUNTY	STATE

DHMH - 16 60M 7/84 (VRA 15, 4)

etained by the hospital or attending physician.

BP.

IMPORTANT: If Hem 21 is morked on tem 18 shows any injury, or other troumotic event, the medical TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and coshould be detached for use as the burial-transit permit. Then please remove carbon papers. Pages with the State Dept of Health and Mental Hygiene prior to burial, cremotion, or removal.

FUNERAL HOME, INC.

Cremation 5/1 4112 OLD COLUMBIA PIKE 250 DATE REC'D. BY REGISTRAR 25 RE

14 V = p 1 1 1 8 1 1 1 1 1 1 1 olde Tileset Miss. Sexion Southenness Mr. 21043 | District Chemins State of the control Tea ... We II ... 300-1A-0517: June Huber ACAO Hourseners No. 21043 ARTHUR DESCRIPTION OF THE PROPERTY OF THE PROP And the short its partice? Authorities Balties - 24.

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within retained by the haspital or attending physician.

10 FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completel should be distributed for use as the buriol-stronsis permit. Then please remaye carbon papers. Pages 1 and 2 mill the State Dept. of Health and Mental Hygiene prior to buriol, cremotion, or removal.

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	STATE OF MARYLAND
FOR	DEPARTMENT OF HEALTH AND MENTAL HYGIEN
STATE	CERTIFICATE OF DEATH

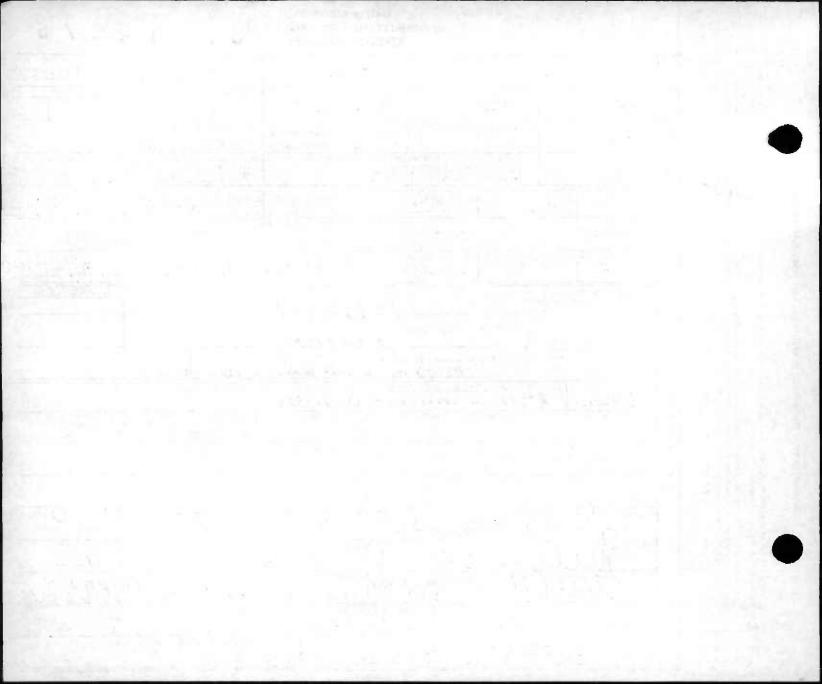
ER

7 REG. NO.	4	S	1	3
OF DEATHONIN	DAK	WE A D	41.	

000	REGISTRAR						REG. N			
I. DE	CEASED NAME	ABRAH		MIDDLE		JACOBS	20 DATE OF DEATH	MONTH 1,1987	DAY YEAR	12:55 A
3 SE	MALE		RACE WHIT	E	S. DATE C	G. 6°,1908 ^{EAR}	6. AGE (IN YEARS LAST BE	RTHDAY)	IF UNDER I YEAR	
	BIRTHPLACE (STATE OR FI	OREIGN	b. CITIZEN OF USA	WHAT COUNTRY?	8 MARRIEI WIDOWE	D NEVER MARRIED DIVORCED	9 BALTIMORE CITY 9	OR COUNTY	OF DEATH	M
C	OLUMBIA	275	LORIE	NURSING	HOME	DR OTHER INSTITUTION	120. USUAL OCCUPAT (TYPE OF WORK FOR MOST POSTAL CI	OF WORKING LIF	(E) INDUSTRY	GOV T
MA.		136 COUN HOWAF	OTHER INSTITUTION, TY RD	I3c CITY OR TOW COLUMBI	N	13d. INSIDE CITY LIMITS? YES NO X	13e.STREET ADDRESS 5764 STEVE	ENS FO	COLUME REST RI	BIA,MD. D. APT.
14. F/	JOSEPH	A	NIDDLE	JACOBS		ANNA	MIDDLE		SANDB	ÉRG
	WAS DECEASED EVER		MED FORCES? WAR OR DATES)	125-26-		MARTIN JACO	BS 5478 GRE		D CT. N	COLUMBIA ID. (2104
	Canditions, if ony, gove rise to imm	nediate g the	(b)	R AS A CONSEQUE	P V	remoura	. , . (
ICATION	gove rise to imm cause 101, stating underlying cause	ediate g the last.	DUE TO, OI (c) ONDITIONS CC	R AS A CONSEQUE ASCUD DITRIBUTING TO D	ENCE OF SEVEN DEATH BUT	e heft tentra		206 IF YES	S, WERE FINDI	INGS USED
DICAL CERTIFICATION	gove rise to imm cause IoI, stating underlying cause PART 2 OTHER SIGN 6 EULE	IOST. NIF CANT CO. PERLYING CAUSE OF DEAT CALEXAMINER)	(b)	R AS A CONSEQUE PISCUD DITRIBUTING TO E LICENSTRUCTURE FINJURY M. MONTH DA M. OF INJURY	DEATH BUT OPERATION AY YEAR 19	NOT RELATED TO THE TERM NOT RELATED TO THE TE	200 AUTOPSY? YES NO X RED (ENTER NATURE OF INJIT	20% IF YES IN CERTIF YE JRY IN ITEM IB P	5, WERE FINDI FYING CAUSES S D PART I OR PART 2)	NGS USED S OF DEATH?
MEDICAL CERTIFICATION	gove rise to imm cause 101, stating underlying cause PART 2 OTHER SIGN COULD 19a DATE OF OPERAT 21a. ACCIDENT WAS UND OR CONTRIBUTING CIFE ITHER, NOTIFY MEDIC	DERLYING CAUSE OF DEAT CALEXAMINER) RED (this hospital	DUE TO, OI ONDITIONS (c) ONDITIONS (c) 196. COND 196. COND A HOUR A. P. 216. PLACE (AT HOME, STR	R AS A CONSEQUE AS CUD DITRIBUTING TO E TION FOR WHICH FINJURY M. MONTH DA M. OF INJURY EET, FACTORY, OFFICE, F e deceosed from	OPERATION AY YEAR 19 ARM ETC.)	e Left Vendru NOT RELATED TO THE TERM DECLES N WAS PERFORMED 1216 HOW INJURY OCCURR	106 AUTOPSY? YES NO X RED (ENTER NATURE OF INJI CITY OR TO	206 IF YES IN CERTIFY YE URY IN 11EM 18 P	county 19 27 10 ond from the	NGS USED S OF DEATH? NO STATE

DHMH - 16 60M 7/84 (VRA 15, 4)

BP.



ment or other troumotic event, the

MPORTANT, if them 21 is marked only

BP.

DHMH - 16 60M 7/84 (VRA 15, 4)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

		FOR STATE REGISTRAR			DEPARTA		HEALTH AND MENTAL HYG	IENE 8 /	0.	45	1	6
9		CEASED NAME	FIRST	N 137-	MIDDLE		LAST	20 DATE OF DEATH	MONTH	DAY YEAR	26 HOU	R
	17 res	CE PRINT)	James	La	uderdale	J	AMES	Mav	26.	1987	6:3	5 Pm
-	1.5E)		0 011.10 12	4 RACE		5. DATE O	OF BIRTH	6 AGE (IN YEARS LAST BIR	-	IF UNDER I YEAR	IF UNDER	2 4 1100 2
		Male		White		Aug	. 13,1925 FAR	61	YRS	MONTHS DAYS	HOURS	MIN
2		RTHPLACE (STATE OF F	OREIGN	76. CITIZEN OF	WHAT COUNTRY?	8	D NEVER MARRIED	9 BALTIMORE CITY O		Y OF DEATH		
J		COUNTRY		USA		WIDOWI		Howar	d Cou	inty		MD
1		Woodbine	ATH		HOSPITAL, NURSIN H FACILITY, GIVE STREET 2998 Rt.	ADDRESS)	21797	170 USUAL OCCUPATI (TYPE OF WORK FOR MOST OF Elec. Engi	F WORKING	126 KIND O INDUSTRY Johnsi		
ŀ		L RESIDENCE IN NURS	13b COUP HOW	YTY	130 CITY OR TOW Woodbine	N	13d. INSIDE CITY LIMITS? YES NO 3.	13e STREET ADDRESS 2998 Rt 9	ZIP COI 4/217	DE '97	1	
	TA FA	Thomas Mo	Curr	y James	LAST		15. MOTHER'S MAIDEN NAME Edith	May Lauderd		LAS	,1	
1		VAS DECEASED EVER			166 SOCIAL SECU	RITY NO.	17 INFORMANT	ADDR	ESS			
à		yes	WW .	E WAR OR DATES)	465 30	2446	Eleanore Mogo	ck James (sa	ame a	s 13 abo	ove)	
	CERTIFICATION	underlying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS			R AS A CONSEQUENCE OF ONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM TION FOR WHICH OPERATION WAS PERFORMED			MINAL DISEASE OR CONDITION GIVEN IN PART 1:0				
1	TIFIC	190 DATE OF OPERAT						YES T NOT	IN CERT	IFYING CAUSES	OF DEAT	H?
		210. ACCIDENT WAS UND OR CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTION CONTRI	CAUSE OF DE	HOUR A.	M. MONTH DA	Y YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	RY IN ITEM 18	PART I OR PART ?)		
	MEDICAL	WHILE NOT WHAT WORK	IILE 🗍	21e PLACE	OF INJURY REET, FACTORY, OFFICE, F.	ARM ETC)	21f. LOCATION STREET	CITY OR TO	WN	COUNTY	51	TATE
		saw the decrease abave (11) we (c	mali war (18)	5-6	10 8		nd that in (my) (our) opinion of	death occurred on the d	ate and ho	our and fram the		ve) last
1		10	ATTENDING PHYSICIAN	MEDICAL STA			27,1	987				
1		22d. PHYSICIAN'S NA					22e ADDRESS					
		Ronal	d E.	Miller,	M.D.		4 Culwell I	r., Mt. Air	у, М	d. 21771		
		BURIAL, CREMATION, SPECIFY) Buria		23b. DATE 5-29-8			emetery or crematory gtown (Calvary)	23d LOCATION CITY OF TOWN Hunting	town	Calvert		TATE
	24 FL	NERAL DIRECTOR RE	ausch	FH C	wings; MI		25a DAT	E REC'D. BY REGISTRAR	256 REGIS	STRAR'S SIGNAL		

Vacon Landardale dill' har it, liur 6.35 P ond and an arms on a serion 732.672

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201
O HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 may be etained by the haspital ar attending physician.
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and condition with the Tuneral director, page 3 should be detached for use as the burial-transit permit. Then please remove carban papers. Pages, 1 and months that with the State Dept, of Health and Magnal Hygiene prior to burial, cremation, or removal.

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CEDTIFICATE OF DEATH

8	REG. N	٠. ا	4	5	1
1 TF 0	C O F A SIL			1000	Territoria

	1 e 2	FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8 / REG. NO. 1 4 5 / /								
		EASED NAME ROLL	la 'A	R.	JOHN	HNSON USON	5	-	87	2.518M
	3. SEX	26.7	4 RACE		5. DATE C	DAY YEAR	6 AGE (IN YEARS LAST BIRT		ONTHS DAYS	HOURS MIN.
-	7a BIRT	Male		White WHAT COUNTRY?	May		9 BALTIMORE CITY OF	YRS.	OF DEATH	
1		Kentucky	USA		MARRIE	D NEVER MARRIED DIVORCED		rd Cou		MD
1	10 CITY	t Airy	11. NAME OF H	OSPITAL, NURSING PACILITY, GIVE STREET 184 Flore	ADDRESS)	OR OTHER INSTITUTION	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF MERCHANT	ON F WORKING LIFE)	126 KIND O INDUSTRY	OF BUSINESS OR
5	13a ST	RESIDENCE (# NURSING HOMEO ATE 13b COU ryland Howa	NTY	130 CITY OR TOW Mt.Airy	N	13d INSIDE CITY LIMITS?	21.84 Flore	ZIP CODE ence R	load 2	1771
7	14 FAT	HER'S NAME FIRST unknown	MIDDLE	Johnson		15. MOTHER'S MAIDEN NA/	ME unknown		LAS	,T
1	16a W/	AS DECEASED EVER IN U.S. AI S. NO OR UNKNOWN) (IF YES, GI	RMED FORCES? VE WAR OR DATES)	271-03-2		Agnes B. J	ohnson,	ss Item 1	.3	i alli
	MEDICAL CERTIFICATION	Conditions, if ony, which gove rise to immediate cause (o), stating the underlying couse lost. PART 2 OTHER SIGNIFICANT CVA ATRIA 90 DATE OF OPERATION 1970 710 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE AVONE (IF EITHER NOTIFY MEDICAL EXAMINATION OF COURRED WHILE NOTIFY MEDICAL EXAMINATION OF COURTED WHILE NOTIFY MEDICAL EXAM	CONDITIONS COLOR TIPE CONDITIONS CONDITIONS COLOR TIPE CONDITIONS	LLATION TION FOR WHICH LOTID AF FINJURY M. MONTH D. M. OF INJURY EET, FACTORY OFFICE, F	PATE OF ATE OPERATION O	NWAS PERFORMED	INAL DISEASE OR COND JE OR MY 700 AUTOPSY? YES NOW	20b. IF YES, IN CERTIFY YES	WERE FINDIN ING CAUSES RT 1 OR PART 2) COUNTY	NGS USED
-	1	w the deceased alive on the prove (I) (would did I) (I) (I) (I) (I) (I) (I) (I) (I) (I)	or PRINT)	O offer death. 19		DEGREE ATTENDING PHYSICIAN 220. ADDRESS BOI TOLL EMETERY OR CREMATORY	MEDICAL STAF DIRECTOR PHYSIC HOUSE AU 1234 LOCATION	F		causes stated
	(SF	Cremation	May 2			tview	CITY OR TOWN	imore.	Mary L	and

DHMH - 16 60M 7/84

BP.

(VRA 15, 4)

IMPORTANT: If them 21 is marked or

injury, or ather traumatic event, the

Olin L. Molesworth, P.A., Damascus, Md.

MAY 4 - 1987, Julia Dandon Annia

H 1550 All Allertines eniza boules ou con conquist this yeth. ATTENDED TO COME TO THE SECOND the second community of the community of DRUGA 11 many man was the hānī. Kom take Jule, izramurputa

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

8 7

4 5 /

d	REGISTRAR		CERTIFICATE OF DEATH	REG. NO.					
I. DECEASED NAME FIRST		WIDDLE	LAST		DAY YEAR 26 HOUR				
i	JOHN	W.	KENNEDY	4	28 87 7:45 P M				
1	3 SEX	4 RACE	S DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS				
	Male	White	8 12 22	∲ 64 YRS.	MONTHS DATS HOURS MIN,				
7	To BIRTHPLACE (STATE ON FOREIGN	76 CITIZEN OF WHAT COUNTRY?	MARRIED X NEVER MARRIED	9 BALTIMORE CITY OR COUNTY	OF DEATH				
	Carida New Yorl		WIDOWED DIVORCED	Howard County	MD.				
8	10 CITY OR TOWN OF DEATH	(IF NOT IN SUCH FACILITY GIVE STREET	IG HOME OR OTHER INSTITUTION ADDRESS)	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIF	176 KIND OF BUSINESS OR				
J	Savage	8523 Howard S		Maintenance	Apts.				
	ISO STATE Md. HOWA		'N 134 INSIDE CITY LIMITS?	13e. STREET ADDRESS 8523 Howard S	t. 20763				
H	FATHER'S NAME	ard Savage	YES NO NO NA		20/63				
į	Benjamin	MIDDLE Kennedy	Minnie	21/2/2014	richols IAST				
i	160 WAS DECEASED EVER IN U.S. A	4		ADDRESS					
	(IF YES, G	II 177-22-8	Mrs Mary K	Connody - Camo as #13					
1		18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c)							
ı	PART I. DEATH WAS CAUS	ED BY. RECAUSE (a) RECUMO	a Rospustory 1	Halure.	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH H H				
١	WW.EDIA								
	Canditions, if any, which	DUE TO, OR AS A CONSEQUE	PUMOMO		Zwerks				
ŀ	gave rise to immediate couse (a), stating the	DUE TO, OR AS A CONSEQUE		7	,				
J	underlying cause last	10 SMALL CO	ell CANCINOMA	of Ro Lung	2 6 youths				
١		CONDITIONS CONTRIBUTING TO D	DEATH BUT NOT RELATED TO THE TERM	WAL DISEASE OR CONDITION ON	EN IN PART IIa				
	90 DATE OF OPERATION 90 DATE OF OPERATION 910, ACCIDENT WAS UNDERLYING								
N	90 DATE OF OPERATION	7 Soull COOL CARRY	OPERATION WAS PERFORMED .	IN CERTIF	WERE FINDINGS USED YING CAUSES OF DEATH?				
Ų	210 ACCIDENT WAS UNDERLYING	to Brain; par	- KAI CONSOLIAN EXCIDE	YES NO YES					
	OR COLUMN TO CALLER OF DE		AY YEAR THOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM 18 P.	ART I OR PART 2}				
1	(IF EITHER NOTIFY MEDICAL EXAMINE 21d INJURY OCCURRED		19						
1	WHILE NOT WHILE	21e PLACE OF INJURY LAT HOME STREET, FACTORY, OFFICE FA	211 LOCATION STREET	CITY OR TOWN	COUNTY STATE				
	220.1 certify that (1) this hosp	ital) attended the deceased from	NOV (27 19 85	10 APRIL 28	187 the (1) western				
1	saw the deceased argon	r and from the causes stated							
1	17h SIGNAPPRE	ot yerw the body after death.	AN DEGREE A		226 DATE SIGNED				
	Robert	Justey	M.DATTENDING	DIRECTOR STAFF	5/13/87				
1	THE BHYSICIAN'S NAME INTO		12# ADDRESS		10 110 000				
	Nobel J. On	EBERG-MO.	AIND FAIT	SAINIS RO. LAU	tel por al p				
	73s BURIAL CREMATION, REMOVAL		AME OF CEMETERY ON CREMATORY	23d LOCATION	COUNTY				
1	Removal	4-28-87		Citi Ok 10mi	COUNTY STATE				
- 1	24 CLINEDAL DIDECTOR		100 0 100						

Balto., Md.

ADDRESS

State Anatomy Board

DHMH - 16 50M 1/81 (VRA 15, 4)

8 KAY 14	1 -	FOR STATE REGISTRAR		DEPART	MENT OF H	OF MARYLAN EALTH AND ME ICATE OF DE	NTAL HYG	REG. NO		4 5	7 9
		CEASED NAME FIRST	1	MIDDLE	t	IZA		2a. DATE OF DEATH	MONTH D	AY YEAR	26 HOUR
poge 3	1		ISTINE	MAE	KI	DWELL			5 12	2 87	12:35B
od is	3. SE		4 RACE		5. DATE C			6 AGE (IN YEARS LAST BIRT		IF UNDER I YEAR	IF UNDER 24 HRS
soft		FEMALE	TA	VHITE	MONTH 9	10	17	69	YRS.	ONTHS DAYS	HOURS MIN.
Po Co		RTHPLACE (STATE OR FOREIG		OF WHAT COUNTRY?	8			9 BALTIMORE CITY O		OF DEATH	
The state of the s		. Virginia	U.S.	7\	WIDOWE	NEVER MA	RRIED L	Howard C	- Sountu		44.0
3		TY OR TOWN OF DEATH		OF HOSPITAL, NURSIN				120 USUAL OCCUPATION		TIZE KIND O	F BUSINESS OR
0 ×		المالية المالية		SUCH FACILITY, GIVE STREET		-1		(TYPE OF WORK FOR MOST O			000
og -		COLUMBIA AL RESIDENCE (# NURSING HO	ME OR OTHER INSTITUTI	COUNTY DONG SIVE RESIDENCE BEFOR	HOSPLT E ADMISSIONI	a1		Office Cle	rk	Moving	Co.
雪人	130 5	STATE 13b	COUNTY	13c CITY OR TOV	/N	136 INSIDE CITY	_	13e STREET ADDRESS /		_	1045
(E)			Howard	Columbia	a		(XX	6150 Forel	and Ga	arth Ap	t. 113
150	14. EA	THER'S NAME FIRST	MIDDLE	LAST		15. MOTHER'S A		WE		LAS	1
CE		Cleveland		Mor	ris		Rena			C	xsheare
a		VAS DECEASED EVER IN U.	S. ARMED FORCES		JRITY NO.	17 INFORMAN	T	ADDRE	SApt.	113	21045
ent, the medico	1	NO NO OR UNKNOWN)	ES GIVE WAR ON DATES	233-24-	0517	Wallace	o F K	idwell 6150	Fore	land Ga	
en please remove carb burial, cremation, ar i ury, or other troumatic	z	Conditions, if any, whis gove rise to immedia cause (a), stating to underlying cause la	te he DUE TO	, or as a consequ		NOT RELATED TO	O THE TERM	INAL DISEASE OR CONI	DITION GIVE	EN IN PART 110	
prior fo	CERTIFICATION	19a DATE OF OPERATION	19b COM	NDITION FOR WHICH	OPERATIO	N WAS PERFORA	MED	20a AUTOPSY?	20b. IF YES,	, WERE FINDIN	IGS USED
Sw 7	E							YES NO	YES		NO [
9	MEDICAL CER	21a. ACCIDENT WAS UNDERLYIF OR CONTRIBUTING CAUSE (IF EITHER NOTIFY MEDICALEX	OF DEATH HOUR	P.M.	AY YEAR			RED (ENTER NATURE OF INJUS	RY IN ITEM 18 PA	ART (OR PART 2)	
orked of them 18 sh	MED	ZIN INJURY OCCURRED	LAT HOME	CE OF INJURY STREET FACTORY OFFICE	FARM, ETC)	21f LOCATION STREET		CITY OR TO	WN	COUNTY	STATE
for use of Heolis		220. I certify that (1) (this sow the deceased of above, (1) (we) (did to 22b. SIGNATURE	ve on	decensed from 19 19	0,	DEGREE	19	death occurred on the do		ond from the	SIGNED
detoched ote Dept. IT: If Item		A	Jana	me			YSICIAN [DIRECTOR PHYSIC	IAN 🗌	5/12	2/0/

DHMH - 16 60M 7/B4

(VRA 15, 4)

5/15/87

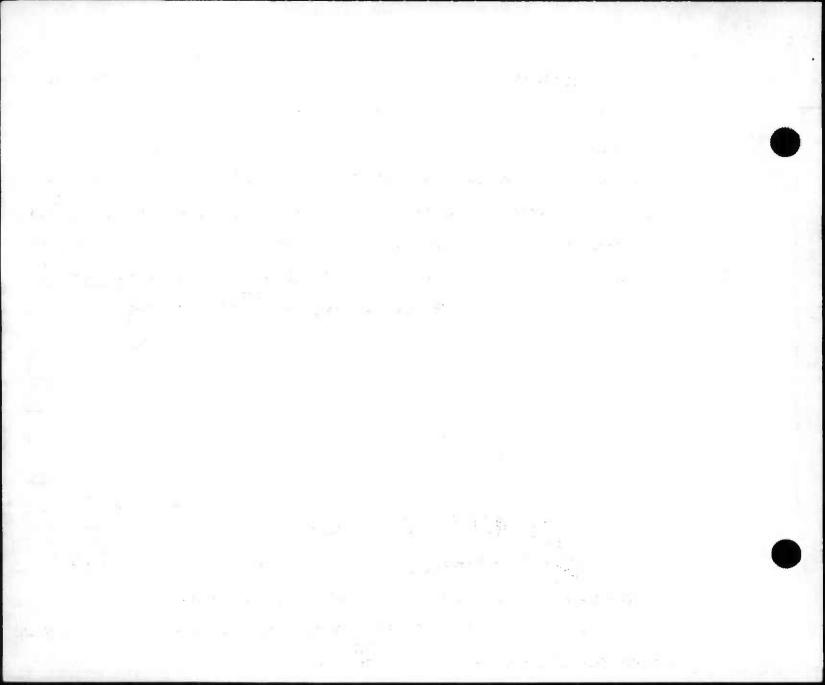
Loudon Park Cemetery

etery Baltimore Maryland

250. Date REC D. By REGISTRAR 256 BEGISTRAR'S SIGNATURE

Burial
PUNERAL DIRECTOR
NAME
HILL PARTIE PROPERTY AND ADDRESS 21229
Hubbard Funeral Home, Inc. 4107 Wilkens Ave.

dia Finder Rudace



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1.	FOR STATE REGISTRAR	DEPART		H AND MENTAL HYG E OF DEATH	8 /	REG. NO.	4 5	8 0
I. DÉ	CEASED NAME FIRST	MIDDLE	LAST		20 DATE OF DE		Y YEAR	2b. HOUR
	SELEN+	9 6	KIN	16		52	787	308
1. SE		RACE	5. DATE OF BIRT		6 AGE (IN YEARS		UNDER I YEAR	IF UNDER 24 HRS
1	Female	BLACK	MONTH 9	28 93	9	3 YRS	INIHS DAYS	HOURS MIN.
70 B	RTHPLACE ISTATE OR FOREIGN 76	CITIZEN OF WHAT COUNTRY		NEVER MARRIED	9 BALTIMORE	CITY OR COUNTY C	F DEATH	
M	ARYLAND	U.SA.	WIDOWED	DIVORCED [1-	towar	9	MD
0	olumbia H	NAME OF HOSPITAL, NURSII (IF NOT IN SUCH FACILITY, GIVE STREET		rif Hosp	120 USUAL OCC	CUPATION MOST OF WORKING LIFE	126. KIND O INDUSTRY	F BUSINESS OR
12a	MD MONT	ER INSTITUTION GIVE RESIDENCE BEFOR	SBUYA YES		948 W	RESS / ZIP CODE	= DR	18 18
2	ATHER'S NAME HARLES MIDE	THOMA	7S 15 M	PATTY		DOLE C	ARTI	ER.
	WAS DECEASED EVER IN U.S. ARMET ES. NO DRUNKNOWN) (IF YES, GIVE WA		URITY NO. 17 IN	PHAIK KIA	16/SAN	ADDRESS 21 S	KYWAK	ed ct.
	L	7 700	100011	circil 11110	OTOCA	Corani	APPROXI	MATE INTERVAL
	18 CAUSE OF DEATH (Enter only o PART I, DEATH WAS CAUSED BY	Y	- 1			+		
	IMMEDIATE C	AUSE (a) Cardi	0- 70	MONOWY	an	need	30	OMINE
	Conditions, if ony, which	DUE TO, OR AS A CONSEQUE		ilune			/m	ionth
	gove rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQU	1mr2	3m	3 months.			
NO	PART 2 OTHER SIGNIFICANT CON	IDITIONS CONTRIBUTING TO	NEATH BUT NOT I	RELATED TO THE TERM	INAL DISEASE OF	R CONDITION GIVE	N IN PART ITO	3 *
CERTIFICATION	190 DATE OF OPERATION	196. CONDITION FOR WHICH	OPERATION WA	S PERFORMED	200 AUTOPS)	IN CERTIFYING CAUSES OF D		
	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)	21b, TIME OF INJURY HOUR A.M. MONTH D P.M.	PAY YEAR	HOW INJURY OCCUR	RED (ENTER NATURE	OF INJURY IN ITEM 18 PAR	T I OR PART 2)	
MEDICAL	21d INJURY OCCURRED E NOT WHILE ALL WORK	21e. PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE,		LOCATION STREET	CI	TY OR TOWN	COUNTY	STATE
	220.1 certify that (1) (this hospital) sow the deceased alive on above, (1) (we) (did) (did not vi	5/27 19	c), and that	in (my) Our) opinian	death accurred or	the date and hour	and from the	tha(13)(we) last couses stated
	22b. SIGNATURE	QQQQQ	DEGRE		MEDICAL DIRECTOR	STAFF PHYSICIAN	2h DATE	20/57

224. PHYSICIAN'S NAME (TYPE OR PRINT) Charles E. Sheelm

5-30-87

1055 LITTLE PATURENT PKWY.

Coumbin

230 BURIAL, CREMATION, REMOVAL 23b. DATE

BURIAL 5-30
24 FUNERAL DIRECTOR
GEORGE R. SNOWDEN

246N. WASH, ST. ROCKVILLE, MD

MATORY 23d LOCATION

1. PARK OLNEY MONTG.

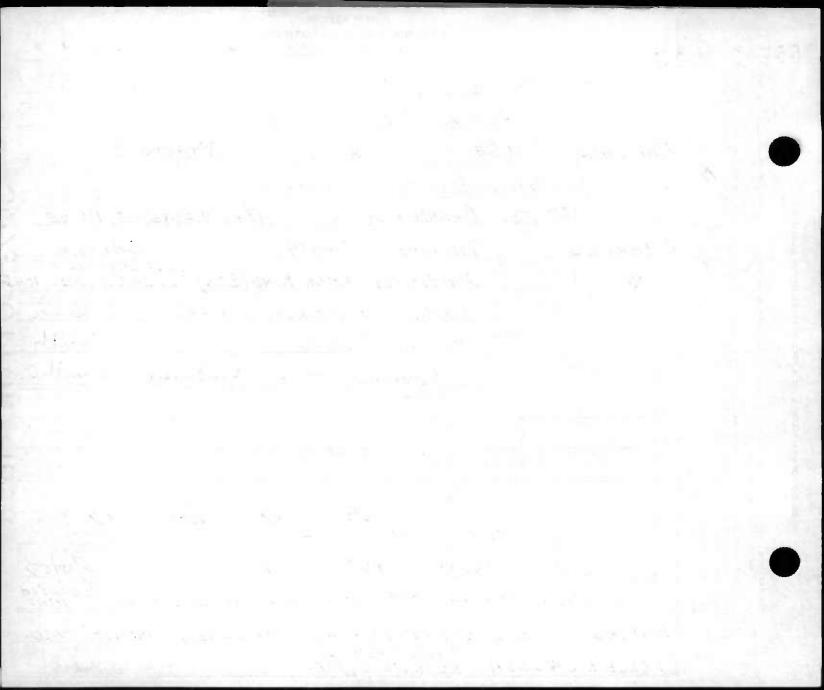
23 DATE REC'D. BY REGISTRAR'S SIGNATURE

1987 RBECK MEM. MRK Dividion Randose

DHMH - 16 60M 7/84 (VRA 15, 4)

TO FUNERAL DIRECTOR

APORTANT, IF



FOR

- STATE

DHMH - 16 60M 7/84

(VRA 15. 4)

REGISTRAR

Housewife 8 Homemaker 21043 ZIR CODE Sweitzer Jul lus H. Kinlein Greenway Drive: Ellicott City. Md APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES [COUNTY STATE and that in (my) (our) opinion death occurred on the date and hour and from the causes stated DIRECTOR PHYSICIAN 230 NAME OF CEMETERY OR CREMATORY Way 30,1987-Crest Lawn Mem. Gardens; Howard Cnty Burial 24 FUNERAL DIRECTORS terling Funeral Estate, P.A. 736 Edmondson Ave.: Catonsville. Md. 21228

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REG. NO

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	FOR	
-	STATE	

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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J CHILL	1	11	A	4	15	8	e de

BY REGISTRAR 256, REGISTRAR'S SIGNATURE

	REGISTRAR		CERTII	FICATE OF DEATH	REG. NO.	7,302
TYPE	CEASED NAME JE FIRST JO	HN MIDDLE V	V. Ko	KOOP 1	138904 SEE	10 87 3 PM
3 SE	Male	Cerce.	MONT	OF BIRTH H 11 DAY 13 YEAR 15	6 AGE LINYEARS LAST BIRTHDAY) 71 71 YRS	HEUNDER I YEAR IF UNDER 24 HRS
	RTHPLACE (STATE OR FOREIGN COUNTRY) VEW YORK	76. CITIZEN OF WHAT CO	MARRIE	EDXX NEVER MARRIED 1	HOWARD COUNTY	NTY MD.
	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, (IF NOT IN SUCH FACILITY, G HOWARD COL	IVE STREET ADDRESS)	RAL HOSPITAL	(TYPE OF WORK FOR MOST OF WORKING LIE ENGINEER	INDUSTRY DEFENSE
13a S	AL RESIDENCE (IF NURSING HOME OF STATE 136 COUNTY HOW) ATHER'S NAME FIRST	ARD FUL	ORTOWN	13d. INSIDE CITY LIMITS? YES NOXX 15. MOTHER'S MAIDEN NAI		E DGE COURT 20759
1	WESLEY	KOC		ADELINE		DOLAN
(VE WAR OR DATES)	-10-8010	NOBUKO KOOE	ADDRESS SAME AS # 1	.3
	Conditions, if ony, which gave rise to immediate couse (o), stating the underlying couse last	DUE TO, OR AS A CO	MONÍA INSEQUENCE OF RSTITIA INSEQUENCE OF		inal disease or condition GIV	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH - CCCYS Y & CC S
MEDICAL CERTIFICATION		196. CONDITION FOR	T UNKN	NOWN eticles NOW WAS PERFORMED 1216 HOW INJURY OCCURR	200 AUTOPSY? 200 IF YE	S, WERE FINDINGS USED PYING CAUSES OF DEATH? SS \(\text{NO} \)
	WHILE NOT WHILE AT WORK 220.1 certify that (1) (the hosp saw the deceased alive an above. (1) (ve) (did) (did no 27b. SIGNATURE 22d PHYSICIAN'S NAME (TYPE C. B. H. MINCH	ath offended the deceose Stock at view the body after deat Cluw,	d from	DEGREE ATTENDING PHYSICIAN [1] 22e ADDRESS 3850	deoth occurred on the date and have deoth occurred on the date and have decided by the decided b	19_87_, that (I) (we) last or and from the causes stated 22c. DATE SIGNED 6 /66 /87
	BURIAL, CREMATION, REMOVAL (SPECIFY) CREMATION			EW CREMATORY	23d. LOCATION CITY OR TOWN CATONSVILLE	COUNTY MARYLAND

25a. DATE REC'D

24 FUNERAL DIRECTOR
LEROY M. & RUSSELL C. WITZKEDFUNERAL HOMES P.A.
5555 TWIN KNOLLS ROAD COLUMBIA, MD. 21045

DHMH - 16 60M 7/84

injury, or other troumotic event,

I tem 21 is marked or them 18 shows any

WPORTANT

(VRA 15, 4)

retained by the hospital or

BP.

	1				STATE	OF MARYLAND				
6 1 5 MAY 25	917	FOR STATE REGISTRAR		DEPART		ALTH AND MENTAL HYG CATE OF DEATH,	BIENE 7	14	5 8	3
		CEASED NAME FIRST	/	MIDDLE	LAS	ī		MONTH DAY	YEAR 2b	HOUR
be 3	TYPI	OR PRINT)	Richa	rd H Low	e Ci	Sr.	5	/16/	17 2	is PM
4 may be tar. page 3 after death	3 SE		4 RACE	11	5. DATE OF		6 AGE (IN YEARS LAST BIRT	HDAY) IF UNDE		UNDER 74 HRS
oge oge		Male	White	h	MONEY	DAY YEAR	79	YRS	DAYS	OURS MIN.
7 2 Pol di		RTHPLACE (STATE OF FOREIGN COUNTRY) Mary land	U.S.A	WHAT COUNTRY	MARRIED	NEVER MARRIED	9 BALTIMORE CITY OF	COUNTY OF DE		ward
deo deo	10 C	TY OR TOWN OF DEATH			WIDOWED	OTHER INSTITUTION	12a USUAL OCCUPATIO	ON 126		USINESS OR
by the		Columbia	Howar Howar	d County	Genera	Hospital	RETIPED	WORKING LIFE) IND	USTRY	00111200 011
156	13a. S	AL RESIDENCE (IF NURSING HOME STATE 136 CC lary land	or other institution ounty Howard	GIVE RESIDENCE BEFO	TH Cit	3d INSIDE CITY LIMITS?	SIREET ADDRESS /	zip code ster Ro	ad 2	1043
	.14. F/	THER'S NAME Charles	Lowe	LAST		S MOTHER'S MAIDEN NA	King MIDDLE		LAST	4 8
n and careful medical	1	VAS DECEASED EVER IN U.S.	ARMED FORCES?	166 SOCIAL SEC		17 INFORMANT	ADDRE:			5.1.0104
Po ou o	No			214 14	2341	Richard H I	Lowe Jr, 500			Rd 2104
rote oper oper oval.		18 CAUSE OF DEATH (Enter PART I. DEATH WAS CAU	only one couse per	r line for (a), (b), o	nd (c).1	. 4		6	APPROXIMAT	ET AND DEATH
ING PHYSICIAN. The law requires that the death certificate be executed within 24 leavs are attending physician. The attention of the control			IATE CAUSE (0)		J 71	rok-				
endir e carl motu		- Ind V	DUE TO, C	R AS A CONSEQU	JENCE OF	2 10 10				
e de att		Conditions, if any, which gave rise to immediate	(b)_		11	0-1601,00				
by the		couse (a), stating the underlying couse last.	DUE TO, O	R AS A CONSEQU	JENCE OF			- 13		
ned by pleo		PART 2 OTHER SIGNIFICAN	IT CONDITIONS C	ONTRIBUTING TO	DEATH BUT N	OT RELATED TO THE TERM	AINAL DISEASE OR CONE	ITION GIVEN IN F	PART 1:0	
n sig Then to b	NO			1/2	ou man	10				
no. no. hos been permit. ene prior	CERTIFICATION	190 DATE OF OPERATION	196. COND	ITION FOR WHIC		WAS PERFORMED	200 AUTOPSY?	206 IF YES, WERE INCERTIFYING O YES	AUSES OF	
rySiCiAN. The liding physicion.	E	21a ACCIDENT WAS UNDERLYING				21c. HOW INJURY OCCUR				
SICIAN TI 19 physicia certificate rial-transit ental Hygia frem 18 sh		OR CONTRIBUTING CAUSE OF		.M. MONTH [.M.	DAY YEAR					
	MEDICAL	21d INJURY OCCURRED	21e PLACE		KARM ETC.)	21f. LOCATION	CITY OF TOV	vn co	UNTY	STAIE
or after the cas the alth and marked	2	WHILE NOT WHILE	(AT NOME 3)	REEL, FACTORI, OFFICE	, PARM, ETC J	-(-		(, ,	2	
		220.1 certify that (1) (this ha		ne deceased from	5	19 -	, to	19 1		t (1) (we) last
ATTEN spital CTOR. d for us		sow the deceased alive above, (1) (we) (did) (did	not view the body	after doubly	_//	that in (my) (our) opinion	death accurred on the do			
AL OR AT the hosp AL DIRECT detoched for deto Dept. of		??b. SIGNATURE	La	Las	Inn?	EGREE ATTENDING PHYSICIAN &	MEDICAL STAF	F	DATE SIG	NED/1
TO HOSPITAL of retained by the TO FUNERAL E should be deto with the State E IMPORTANT: If		22d PHYSICIAN'S NAME (TY	1	16 /		120 ADDRESS	irrhe late	of lat 1	Ka,	Colm
0 f 0 f g g g		BURIAL, CREMATION, REMOV				METERY OR CREMATORY	23d LOCATION	I, Orivi	TV	STATE
BP		burial	May 1	9'87	Lake V	lew Cemetery		Balt Imo	re Ma	ryland
DHMH - 16 60M 7/84		UNERAL DIRECTOR		ADDRESS			AV 2 1 1007	Sh EGISTRARS	IENATUR	adallo,
(VRA 15, 4)	Ha	arry H Witzke	4112 Old	Columb	a Pike	Ellicoth W	WI Q T 1901	4		

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

NE	7 REG. N	10.	4	5	8
o DAT	E OF DEATH	MONTH	DAY	YEAR	26 HC
					1 / /

Julia Sicridson Randales

. 9	1-	FOR STATE REGISTRAR	DEPARTM	MENT OF HEALTH AND MENTAL H	YGIENE / REG. NO.	4584
1		CEASED NAME FIRST VERNO	4. RACE	S. DATE OF BIRTH MONTH DAY YEAR	20. DATE OF DEATH MONTH MAY 2.6 6. AGE (IN YEARS LAST BIRTHDAY)	DAY VEAR 26 HOUR 1987 6'30 M
5	70 BI	MALE RTHPLACE ISLATE OR FOREIGN COUNTRY IARYLAND	WHITE 76 CITIZEN OF WHAT COUNTRY? U. S. A.	SEPT. 13 1916 MARRIED & NEVER MARRIED DIVORCED DIVORCED	9 BALTIMORE CITY OR COU	S.
2	G JSU	ITY OR TOWN OF DEATH LKRIDGE ALRESIDENCE (IF NURSING HOME OR	11. NAME OF HOSPITAL, NURSING (IF NOT IN SUCH FACILITY, GIVE STREET ALT 1230 MONTGOME) OTHER INSTITUTION, GIVE RESIDENCE BEFORE A	IG HOME OR OTHER INSTITUTION ADDRESS! WERY ROAD	120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKIN	126 KIND OF BUSINESS OR
5	130 S M	STATE 136 GOUN	13c. CITY OR TOWN		7230 MONTE	
		VAS DECEASED EVER IN U.S. AR. YES, NO OR UNKNOWN) 1 1 YES. GIV	MED FORCES? 166 SOCIAL SECUR FE WAR OR DATES) 213-09-6	RITYNO. 17 INFORMANT 6188 MARYJOSEPHIA	AAACI	JONES 230 MONTGOTALRY RA KRIDGE MD Z1227 — BYPROXWATE INTERVAL APPROXWATE AND DEATH
	NOI	Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQUEN (b) DUE TO, OR AS A CONSEQUEN (c)		RMINAL DISEASE OR CONDITION	GIVEN IN PART In
1	CERTIFICATION	190 DATE OF OPERATION	196. CONDITION FOR WHICH C	OPERATION WAS PERFORMED		YES, WERE FINDINGS USED RTIFYING CAUSES OF DEATH? YES NO NO
1	MEDICAL CER	216. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA (IF EITHER NOTIFY MEDICAL EXAMINER 21d. INJURY OCCURRED WHILE NOT WHILE NOT WHILE SOW the deceased alive on bobye, (I) (we) (didivided no 27b SIGNATURE)	HOUR A.M. MONTH DAY P.M. 21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, FAI 101) Dittended the decebsed from 11) view the body after death.	AY YEAR 19 211. LOCATION STREET		COUNTY STATE
	T	BURIAL, CREMATION, REMOVAL SURIAL UNERAL DIRECTOR	29 MAY 87 GO	DAME OF CEMETERY OR CREMATOR ODD SHEPHERD CE 250 D	M. ELLICOTTCIT	Y HOWARD MD. SISTRA'S SIGNATURE

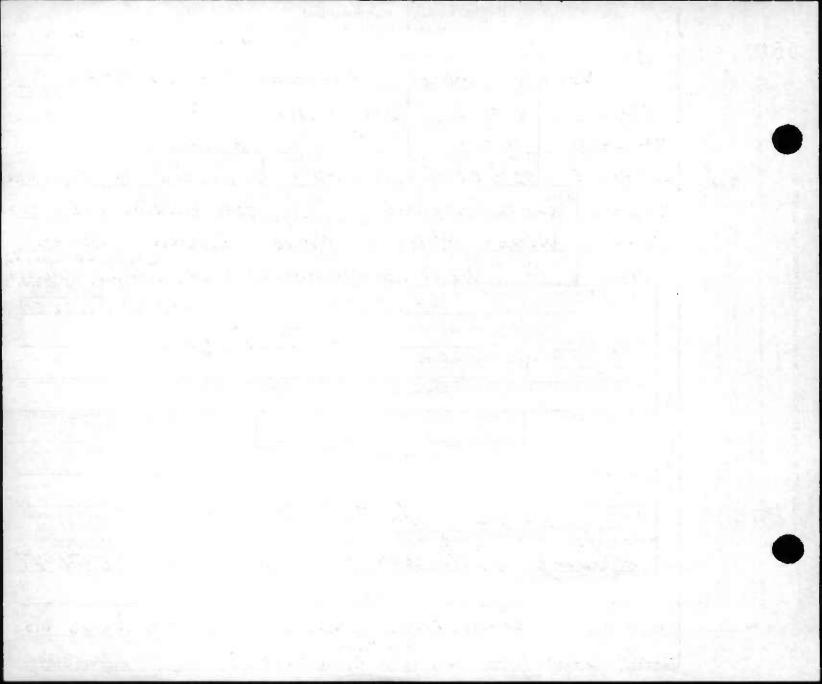
ELLICOTT CITY, MD

BP.

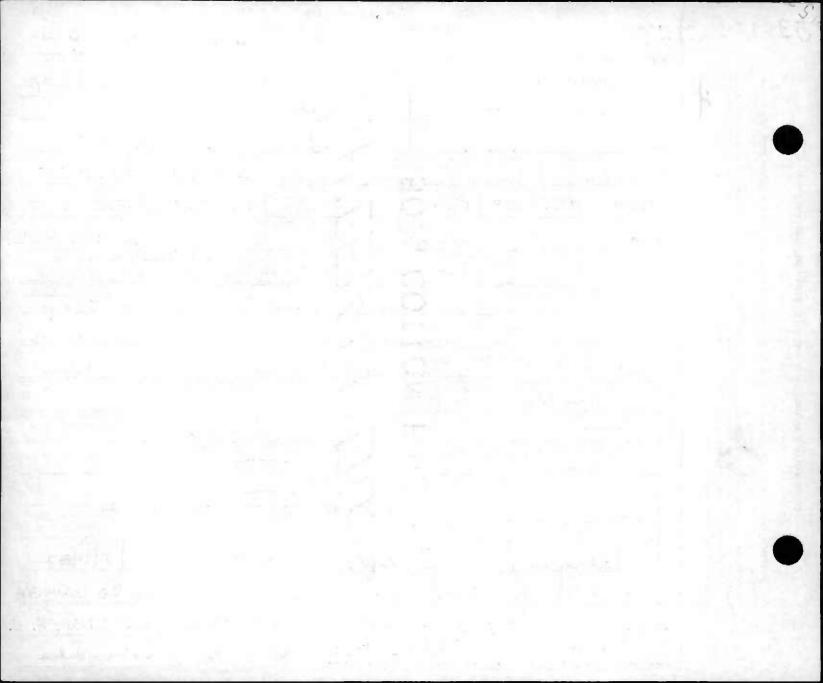
DHMH - 16 60M 7/B4 (VRA 15, 4)

24 FUNERAL DIRECTOR
SLACK FU

FUNERAL HOME



F0	0 1 0	.1				E OF MARYLAND			
93	9 1 9 HAY :		7 FOR STATE REGISTRAR			ICATE OF DEATH	GIENE 8 / REG. NO.	4 5	8 5
			ECEASED NAME	FIRST	MIDDLE L	AST	20. DATE OF DEATH MONTH		2h HOUR
	moy be poge 3	1	MA	RCIA	MA	eks	5-10-8		10:40pm
	fer po	3 5		4 RACE	5 DATE C		6 AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS	HOURS MIN.
	Poge 4 n	-	temple	WHITE	9	- 12 -1903		'RS	
	th. Po		SIRTHPLACE (STATE ORF	OREIGN 7b. CITIZEN OF		D NEVER MARRIED	9 BALTIMORE CITY OR COL	2 0 21115	-1/
	deo thin		CUSSIA	U. S.	HOSPITAL, NURSING HOME C		120 USUAL OCCUPATION		DF BUSINESS OR
5	offer of the forthis	1	Columbia		CH FACILITY, GIVE STREET ADDRESS)	nerel Hospital	BEAUTICIAN	ING (IFE) INDUSTRY BEAUT	
2120	hours		JAL RESIDENCE (IF NURSI	NO HOME OR OTHER INSTITUTION	, GIVE RESIDENCE BEFORE AMISSIONI				
MARYLAND	24 filled	2 1	MRYLAND	MONTGOMERY	"GATTHERS BURG	13d. INSIDE CITY LIMITS?	130 STOFF ODEND THA	POEAVENUE	20877
RYL	within 12 st		ATHER'S NAME	WIDDLE	KADWA	15 MOTHER'S MAIDEN NA	AME		ST.
	omple ond	and the	IYMAN FIRST		KAPĽAN	MARY			RTAINABLE)
BALTIMORE,	nd co	16a	OS, NO OR UNKNOWN)	N U.S. ARMED FORCES? (IF YES, GIVE WAR OR DATES)	166 SOCIAL SECURITY NO. 112-18-3748	17 INFORMANT	100PR60DE	ND'HAL AV	'ENUE
NI.	S. Po				112-10-3/40	SYLVIA HUK	RELICK, GAITHER	SBURG, MA	RYLAND
BAI	hysici oopei ovol. nt, th		18 CAUSE OF DEATH PART I. DEATH W.	I Enter only one couse pe AS CAUSED BY.	0.1.1	1 1 1		BETWEEN	ONSET AND DEATH
ST.	bong rem			IMMEDIATE CAUSE (0)	Kight henrist	there shoke		5	days
PRESTON	deoth cottendir			DUE TO, C	OR AS A CONSEQUENCE OF				5-10-6
ES		10	Conditions, if ony, gove rise to imm		unconscion	sness			-ciays
×.	that the day the sase remost, cremo		couse (a), stating underlying couse	the DUETO, C	OR AS A CONSEQUENCE OF	- I lalandi		1	dans
201	bed to		PART 2 OTHER SIGN	UEICANT CONDITIONS C	gas trointest		MINAL DISEASE OR CONDITION	I CIVEN IN DART I	
RDS,	sign reduit	N O	-		cumonia.	L	WILL ASE ON CONDITION	TONE THE TAKE THE	
RECORDS	been mit.	FIS	190 DATE OF OPERAT	ION 196 CONE	DITION FOR WHICH OPERATIO	N WAS PERFORMED	20a AUTOPSY? 20b	IF YES, WERE FINDIN	NGS USED
	hos hos	CERTIFICATION					YES NOW	ERTIFYING CAUSES YES	NO DEATH?
DIVISION OF VITAL	physical phy	1 1	210. ACCIDENT WAS UND			21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITE	M IS PART 1 OR PART ?}	
Ö	d b	18	LIF EITHER NOTIFY MEDIC	AUSE OF DEATH	.M. 19				
Ois	this e bu	MEDICAL	21d INJURY OCCURR	LAT HOME ST	OF INJURY IREET, FACTORY, OFFICE, FARM, ETC.)	21f. LOCATION STREET	CITY OR TOWN	COUNTY	STAIE
NI NI	After the e os the olth one	1	AT WORK AT WOR	K .					
	NO IS A SE A Heal	48		(this hospital) attended to	10 00	ay 4, 19 87	to May		that (I) (we) lost
	ATTE Sspire CCTC d for f. of	1		id (did not) view the body	yater death.	and the same of th	death occurred on the date on		
	OR he ho		276 SIGNATURE			DEGREE	MEDICAL STAFF	22c DATE	
	RAI Get Ital		274 PHYSICIAN'S NA	you A-	Me. M	PHYSICIAN [JOIRECTOR PHYSICIAN) > 0	1187
	HOSPITAL ned by the FUNERAL the State ORTANT.		TA CO	ME I'M CAPANIS	- 1	27e ADDRESS	1000/000	0 -	C
	TO HOSPITAL retoined by th TO FUNERAL should be dert with the State IMPORTANT:	20	I UM (RY	CE A.	LOVE IMP	-	hickory Rus	OF KD	A summer
	BP		BURIAL, CREMATION, I		LITTLE LEALE	EMETERY OR CREMATORY TEFIORE CEMET	ERY PINELAWN,	LONGENTYCI	AND STATE U
		-		5/12/	1707		TE REC'D. BY REGISTRAR 25b, RE		
	DHMH - 16 60M 7/84 (VRA 15, 4)				MEMORIAL FUNER, W., WASHINGTON			ia Davidson.	
	(**************************************	4	JE CAKKULL	SIKLLI, IV.	W. , WASHINGIUN	, 0.0.	10 801	Ben 14	-



053427 MAY

	ST	ATE	OF	MARYLAND	
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DEPARTMENT OF HEALTH AND MENTAL HYGIEN CERTIFICATE OF BEATH

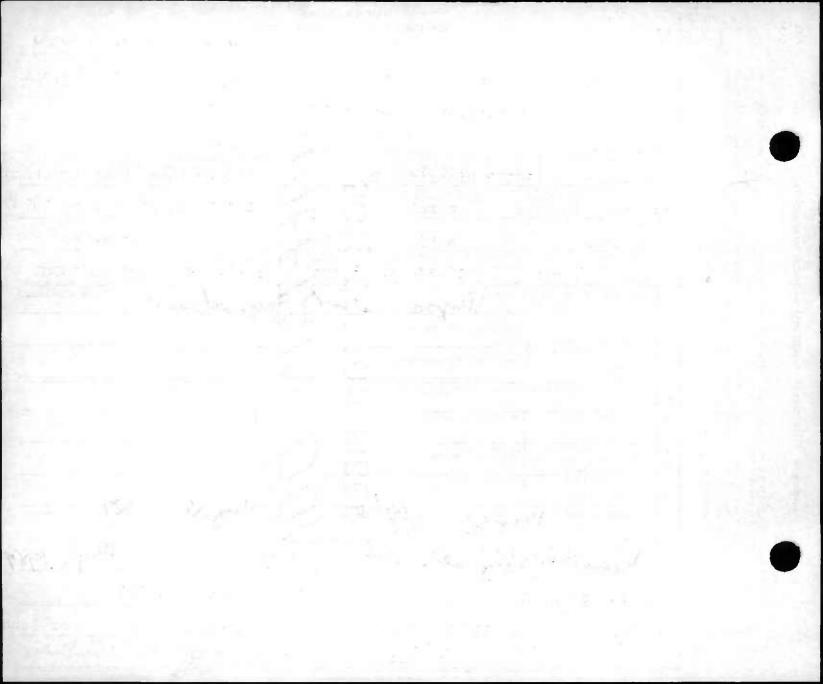
8 7 _{REG. 1}	10.	4	5	8
DATE OF DEATH	MONTH	DAY	YEAR	2b. HOUR

1 11	17	FOR STATE REGISTRAR		DEPART		EALTH AND MENTAL HYG ICATE OF DEATH	8 /	FG NO.	14	5	8 6)
		CEASED NAME FIRST	A	AIDDLE	i.	AST	20. DATE OF DE	ATH MONT	1 DAY	YEAR	26. HOUR	
	TIMPE	Joseph	Ra	phael	Ма	rtin	May	8	1987	750	4:00)Au
	3 SE		4. RACE		5. DATE C	F BIRTH	6. AGE (IN YEARS	LAST BIRTHDAY)	IF UNDE	P T VEAR	IF UNDER 24 H	HRS
	1	Male	Cauca	sian	Ja	n 4 1916 **	71		rRS.	DATS	770003	TINA.
5		IRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF	WHAT COUNTRY?	8. MARRIE	NEVER MARRIED	9. BALTIMORE	ITY OR CO	UNTY OF DE	ATH		
S	M	aryland	USA.		WIDOWE	D DIVORCED	Howa:					MD.
0		Laurel	(IF NOT IN SUC	HOSPITAL, NURSIN H FACILITY, GIVE STREET Highric	ADDRESS)	oad	170 USUAL OCC (TYPE OF WORK FOR Mainte	MOST OF WORK	ING LIFE IND	USTRY	BUSINESS truct	
5	13a. S	AL RESIDENCE (IF NURSING HOME OF STATE 136 COURT HOW TO THE STATE 136 COURT HOW TO THE STATE IT TO THE STATE I	YTY _	GIVE RESIDENCE BEFOR 13c CITY OR TOW Laure	/N	13d. INSIDE CITY LIMITS?	13° STREET ADD	RESS / ZIP High	cope ridge	Ro	ad 20)707
30		Alpheaus	MIDDLE	Martin	n	15 MOTHER'S MAIDEN NA. Clara		IDDLE	Mac	kab	ee	
medicol		WAS DECEASED EVER IN U.S. AR YES, NO OR UNKNOWN) (IF YES, GIV NO NO	E WAR OR DATES)	16b. SOCIAL SECU 212-14		Elizabeth 10172 High	Martin ridge	ADDRESS Rd La			2070	7
ny injury, or other troumatic	CERTIFICATION	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO 190 DATE OF OPERATION 196 CONDITION FOR WHICH					200 AUTOPS	(2 20b.	N GIVEN IN F	FINDIN	GS USED	
Swo	TIFIC						YES N		YES	AUSES	NO [
9		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	HOUR A.	M. MONTH D	AY YEAR	216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)						
rked or	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE (OF INJURY EET, FACTORY, OFFICE,	FARM, ETC.)	211 LOCATION STREET	14.	TY OR TOWN	(0)	JNTY	STATE	E
MPORTANT: If them 21 is mark		220.1 certify that (1) (this hosp saw the deceased alive or hove, (1) (we) (did) (did no 221 SIGNATURE	THE STATE OF	19		nd that in (my) (our) opinion FOREE ATTENDING PHYSICIAN	death accurred of	STAFF	7	om the c	ouses stated	
PORTAN		22d PHYSICIAN'S NAME ITYPE OF Wingfi	eld			220 ADDRESS 329 PG St					0 10	1=1
<u> </u>		BURIAL, CREMATION, REMOVAL		230	NAME OF C	EMETERY OR CREMATORY	23d. LOCATIO	IN				
		Burial	05/1	1/87 s	t Mai	cys	Laur	el	PG		Mary	land
7/84		UNERAL PRESTOR Fune	eral Ho y Sprin	me Inc.		MD 20707	MAY 13	STRAR 256. R	ulia De	GNATI	Randa	LL.

DHMH - 16 60M 7/84 (VRA 15, 4)

TO HOSPITAL OR

BP.



				UP MAKILAND				
v 2012	FOR STATE REGISTRAR	DEPA		EALTH AND MENTAL HYG ICATE OF DEATH	8 /	4581		
40 10	DECEASED NAME FIRST	MIDDLE	i,	AST .	REG. NO.	DAY YEAR 26 HOUR		
	YPE OR PRINT! Helen	F	Mc	Gaha	5	20 87 150		
3.5	SEX_	4 RACE	5. DATE O	FBIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER I YEAR IF UNDER 24 HR		
1	female	CALLOTSIAN	нтиом	- 19 - 10	77,	MONTHS DAYS HOURS MI		
6//Ye	BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNT	RY? 8	NEVER MARRIED	9. BALTIMORE CITY OR COL	JNTY OF DEATH		
/	Wash.D.C.	USA			Howard			
2/10	CITY OR TOWN OF DEATH	1). NAME OF HOSPITAL, NUR	RSING HOME O	ROTHER INSTITUTION	12a. USUAL OCCUPATION STYPE OF WORK FOR MOST OF WORK			
2/	UAL RESIDENCE (IF NURS) III III NE OR	Houses	EFORE ADMISSION	energe	D.C. Gov't.	. Retired		
36 13a	STATE		NWO	13d. INSIDE CITY LIMITS?	13e.STREET ADDRESS / ZIP (
J-14	FATHER'S NAME			15. MOTHER'S MAIDEN NA	ME			
19V	Timothy	Murray		Rose	WIDDLE	Sweeney		
160	WAS DECEASED EVER IN U.S. AR	MED FORCES? 166 SOCIALS	ECURITY NO.	" MI 909 Chap	man Rd ARTE1	phi, Md.		
E for	N/A	578 1	6 4139	Joan Mille	r(Sister)			
	18 CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE	ly one cause per line for (a), (b)	i, and ici.i			APPROXIMATE INTERVAL BETWEEN ONSET AND DEA		
even		TE CAUSE (a) Cardi	w Resp.	natory as	rest	6days.		
offic		DUE TO, OR AS A CONSE						
Ė	Conditions, if ony, which	1 16 Septic						
ž.	gave rise to immediate cause (a), stating the	DUE TO, OR AS A CONSE	OUENCE OF					
to to	underlying couse lost.	(10)	OULIVEE OF					
, o ,	PART 2 OTHER SIGNIFICANT	ONDITIONS CONTRIBUTING	TO DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CONDITION	N GIVEN IN PART Ira		
NO NO								
8 Shows any injur	190 DATE OF OPERATION	196 CONDITION FOR WH			200 AUTOPSY? 20b.	IF YES, WERE FINDINGS USED ERTIFYING CAUSES OF DEATH?		
E. I.	210. ACCIDENT WAS UNDERLYING	7 216. TIME OF INJURY		Tale HOW IN HIP OCCUPE	YES NOT NOT IN THE OF INJURY IN THE	YES NO		
-/ 2	OR CONTRIBUTION CALLER OF DE	110110 4 11 11041711	DAY YEAR	THE TIOW HOSOKI OCCORN	CENTER NATURE OF INJURY IN THE	M 15 PART I OR PART 2)		
dor hep	(IF EITHER NOTIFY MEDICAL EXAMINER 21d INJURY OCCURRED	P.M.	19	21f LOCATION				
rkedo	WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY, OFF	FICE FARM, ETC)	STREET	CITY OR FOWN	COUNTY STATE		
E S	220 I certify that (I) (this haspi	tal) attended the deceased fro	om 6-	5 19.87	_, to 5-20	. 1987 that (It (we) I		
23 19		t) view the bady after death.	9 <u>87</u> , on	d that in (my) (aur) apinian o	death occurred on the date and	d haur and from the causes stated		
Hea	22b. SIGNATURE	I wew the body diter death.	[DEGREE		224 DATE SIGNED		
=	Cuilly	e. P. Vima.		ATTENDING PHYSICIAN	MEDICAL STAFF	5-21-87		
Z	22d. PHYSICIAN'S NAME (14PE C	IR PRINT)		22e ADDRESS				
MPORTANI	KRISHNA	PKUHAR	-323	10802 Hich	rory Ridge E	Ed. allembia		
≤ 230	BURIAL, CREMATION, REMOVAL	23b. DATE 2		METERY OR CREMATORY	23d LOCATION	27472 VIMIO 3		
	Burial	5/26/87	Arl	ington Ceme	tery Arline	rton Va		

24 FUNERAL DIRECTOR
HThes/Rinaldi 11800 News Hamp. Ave.

Arlington Cemetery Arlington. Va.

250. DATE REC'D. BY REGISTRAR 256 REGISTRAR SEGNATURE PARTY OF THE PARTY O

DHMH - 16 60M 7/84 (VRA 15, 4)



OR ATTENDING PHYSICIAN: The low

TO HOSPITAL

BP.

retained by the hospital or attending physician.

and completely filled in by the funeral director page 3 (7)

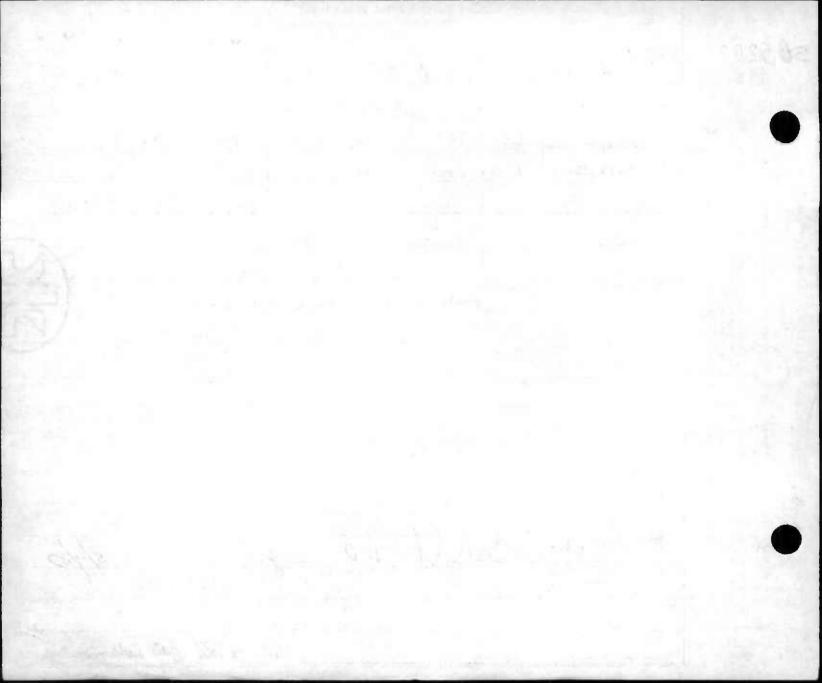
STATE OF MARYLAND FOR - STATE

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REG. N	0.	4	ز	8	-
OFDEATH	AACONIZAL -	DAY	V5 . 0	01 110011	

0 11	REGISTRAR		CERTI	FICATE OF DEATH	REG. N	0.	200
1.11D	PECEASED NAME	FIRST	AIDDLE 21 - /	LAST	20 DATE OF DEATH	MONTH DAY YE	AR 26 HOUR
	An	na	M. MC	rieeney	May	1,148	7 10 p
3 S	SEX /	4. RACE	5. DATE	OF BIRTH	6 AGE (IN YEARS LAST BIR		YEAR IF UNDER 24 H
1	-emale	Call		19.23 14	1/2	YRS	
210	BIRTHPLACE (STATE OR FOR		WHAT COUNTRY? 8 MARRI	ED NEVER MARRIED	9 BALTIMORE CITY O	-	H
/ 10	MARYLAND CITY OF TOWN OF DEATH	Lu.	OSPITAL, NURSING HOME		120 USUAL OCCUPATI		County ND OF BUSINESS
110	3-11100-6		H FACILITY, GIVE STREET ADDRESS)	11	(TYPE OF WORK FOR MOST O		
	UAL RESIDENCE (IF NURSING	201	GIVE RESIDENCE BEFORE ADMISSION	. H.	Homemake	r l	
130	STATE	II COUNTY	13t CITY OR TOWN	13d. INSIDE CITY LIMITS?	13e STREET ADDRESS	21	227
	laryland	Taltimore	Arbutus	YES NO NO NAME NAME NAME NAME NAME NAME NAME NAME		land Blvd.	Apt. K
20	FIRST	MIDDLE	LAST	FIRST	WIDDLE		LAST
160	Wilmer WAS DECEASED EVER IN	III S A PAAED EODCES?	Johnson 166 SOCIAL SECURITY NO.	Georganna 17 INFORMANT	ADDRE	SS	Greene
2	YES, NO OR UNKNOWN)	(IF YES GIVE WAR OR DATES)					
	NO		212-38-0523	George W. Mc	Geeney W 4		
	PART I. DEATH WAS	Enter only one couse per S CAUSED BY	Meter terto	ad eno co		BETV	PROXIMATE INTERVAL
y injury, or		OF ESTIMATE		T NOT RELATED TO THE TERM			
8 shows ony injur	190 DATE OF OPERATIO	IN IN CONDI	TION FOR WHICH OPERATION	ON WAS PERFORMED	200 AUTOPSY?	106 IF YES, WERE FI IN CERTIFYING CAL YES	
MEDICAL CER	71a. ACCIDENT WAS UNDER OR CONTRIBUTING CAL	USE OF DEATH HOUR A.I.	M. MONTH DAY YEAR M. 19	71r HOW INJURY OCCURR	ED (ENTER NATURE OF INJU	RY IN ITEM 18 PART OR PAR	RT 2)
ME	WHILE NOT WHILE	(AT HOME STR	EET FACTORY OFFICE, FARM, ETC }	STREET	CITY OR TO	WN COUNT	TY STAT
		his hospital) attended the			to		that (I) (we)
		of ve till dist not have the burst.	after feath.	and that in (my) (aur) opinion o	deoth occurred on the de		
	776 SIGNATURE	DON ON			MEDICAL STAI	FF	5/4/87
	77d PHYSICIAN'S NAM	AE (TYPE OR PRINT)		27e ADDRESS	nia Modical	Contor	11
	TXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	X DR. SHEEH	AN .	11055 Little	pia Medical Patuxent	Pky Suite	104
230	BURIAL, CREMATION, RE	MOVAL 236 DATE	23c NAME OF	CEMETERY OR CREMATORY	23d LOCATION	COUNTY	STATE
	Burial	5/4/8	7 Loudor	park Cemeter		e	Maryla
/84	FUNERAL DIRECTOR		ADDRESS 21	229 25a DATE	REC'D. BY REGISTRAR	A 000 A	A Top
		ral Homo Tr		NA ATTO MA	Y 4 1987	Julia Dividus	The Parket

DHMH - 16 60M 7/84 (VRA 15, 4)



completely filled in by the funeral director, page 3 sound 2 should be filed within 72 hours after death

Pages

must be

CERTIFICATION

MEDICAL

			STATE OF MARYLAND	
FOR STATE REGISTRAR	GENO M	ICHELI	DEPARTMENT OF HEALTH AND MENTAL I	YGIENE
I. DECEASED NAME	FIRST	WIDDLE	LAST	2a. I

160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO.

(YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES)

DEPAR	TMENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	IENE / REG. NO.	4	5	8	7
DIE	Micheli	20. DATE OF DEATH MONTH	5 DAY	30" 8	5	PM
TTE	S DATE OF BIRTH MONTH 7 DAY 2 YEAR 08	6. AGE (IN YEARS LAST BIRTHDAY)	MON1	HS DAYS	HOURS	MIN.

STATE

GENO	N	MI	MIC	TELL	05-	30-81	20
3. SEX	4 RACE	5	DATE OF BIRTH		6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER I YEAR	IF UNDER 24 HR
\mathcal{M}_{ALE}	u	HITE	MONTH 7	DAY 2 YEAR 08	78 YRS.	MONTHS DAYS	HOURS MIN
70. BIRTHPLACE (STATE OR FO	OREIGN 76. CITIZEN OF	WHAT COUNTRY?	MARRIED XX	EVER MARRIED	9. BALTIMORE CITY OR COUNT	Y OF DEATH	
CALIFORNIA	U.S	S.A. V	VIDOWED	DIVORCED	HOWARD COUN'	ry	N
10 CITY OR TOWN OF DEA		HOSPITAL, NURSING		R INSTITUTION	120 USUAL OCCUPATION		F BUSINESS O
Columbia	(IF NOT IN SU	CH FACILITY, GIVE STREET ADD		Hospital	WELL DRILLER		OTT
Columbia	Flowa	Ra Co. G	eneral	Hospital	MELL DEILLER		OIL
	NG HOME OR OTHER INSTITUTION 136 COUNTY	136. CITY OR TOWN		SIDE CITY LIMITS?	13e.STREET ADDRESS / ZIP COL	DE	
MARYLAND	HOWARD	COLUMBIA	YES [□ NO XX	12004 YELLOW	BELL LAI	NE 2104
14 FATHER'S NAME			15. MO	THER'S MAIDEN NA	ME		
FIRST	MIDDLE	LAST		FIRST	MIDDLE	ŁAST	
MATTEO		MICHE	LI	ESTRE		BUL	LENTINI

NO I	1 566-10-2367 A JESSIE MICHELI SAME AS	# 13
18 CAUSE OF DEATH (Enter onl PART I. DEATH WAS CAUSED IMMEDIATI	y one couse per line for (a), (b), and (c).) BY: E CAUSE (a) Cardiopulmenary Harrest/ Preuminia	APPROXIMATE INTERVAL BETWEEN ONSET AND DEAT
Conditions, if ony, which	DUE TO, OR AS A CONSEQUENCE OF (16) Large cen carcinema of Lung - metastatic	
gove rise to immediate couse (a), stating the underlying couse lost	DUE TO, OR AS A CONSEQUENCE OF	

17. INFORMANT

010 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 190. DATE OF OPERATION 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED

IN CERTIFYING CAUSES OF DEATH? NOF YES [NO [216. TIME OF INJURY 21a. ACCIDENT WAS UNDERLYING (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR

OR CONTRIBUTING [CAUSE OF DEATH P.M LE EITHER NOTIFY MEDICAL EXAMINER 21e. PLACE OF INJURY 211 LOCATION 21d. INJURY OCCURRED CITY OR TOWN COUNTY AT HOME STREET, FACTORY, OFFICE, FARM, ETC) NOT WHILE

22a.1 certify that (1) (this haspital) attended the deceased from sow the deceased alive on A Way 30 obove, (1) (we) (did) (did not view the body after death. and that in (my) (our) opinion death occurred on the date and hour and from the causes stated

22c. DATE SIGNED DEGREE MEDICAL STAFF
DIRECTOR PHYSICIAN ATTENDING 5-30-87 22e ADDRESS

Hickory Ridsi Rd 231. NAME OF CEMETERY OR CREMATORY 230 BURIAL, CREMATION, REMOVAL (SPECIFY) 23b DATE CITY OR TOWN

BURIAL 6/4/87 BAKERSFIELD KERN CALIFORNIA UNION CEMETERY RUSSELL C. WITZKE LINERAL HOMES P.A. 250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE 5555 TWIN KNOLLS ROAD, COLUMBIA, MD 21045

DHMH - 16 60M 7/84 (VRA 15, 4)

for use as the burial-transit permit. I of Health and Mental Hygiene prior

shows

marked or Item 18

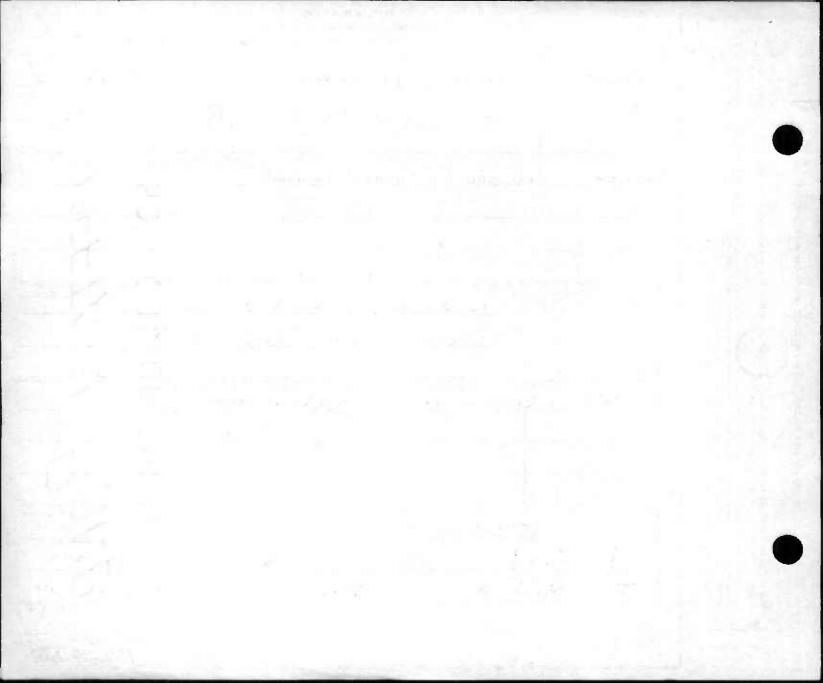
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should be detached with the State Dept.

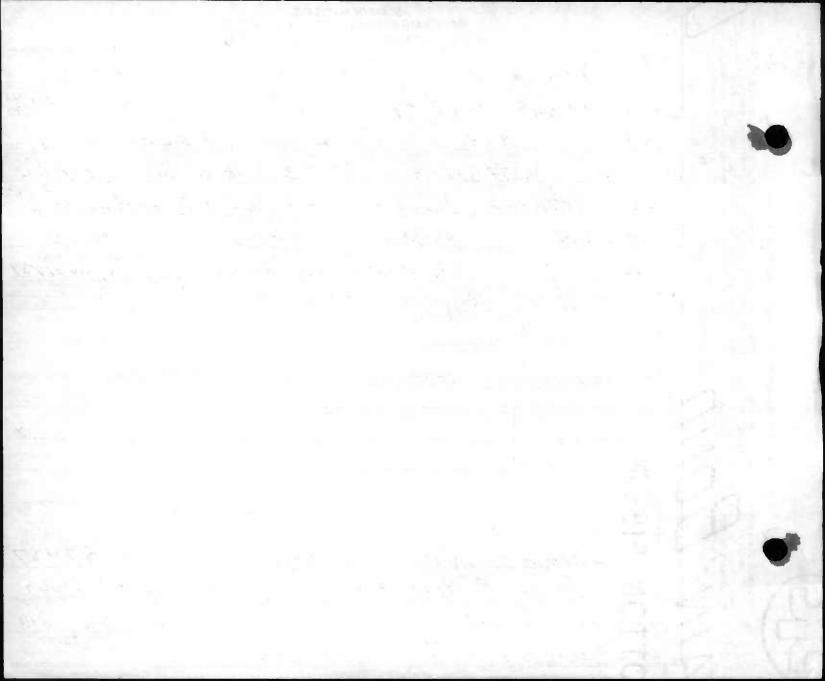
TO FUNERAL DIRECTOR After this certificate has bee

etained by the haspital

BP.



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR 20. DATE KNOWN L DECEASED NAME (TYPE ORPRINT) OF ESTI-DEATH MATED A AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS 2d HOUR 3. SEX 4 RACE 2c. DATE MONTH DAY LAST BIRTHDAY) PRONOUNCED DEAD 9. BALTIMORE CITY OR 7a BIRTHPLACE MARRIED NEVER MARRIED FOREIGN COUNTRY) WIDOWED Z DIVORCED CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL NURSING HOME, OR OTHER omemorke. USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 210/5 13d INSIDE CITY LIMITS? FATHER'S NAME 15. MOTHER'S MAIDEN NAME AHDDE 7. INFORMANT 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 146 SOCIAL SECURITY NO (IF YES, GIVE WAR OR DATES) (YES, NO, OR UNKNOWN) APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one cause per ling for (a), (b), and (c).) BURIAL - TRANSIT PERMIT AND MENTAL HYGIENE, ATION, OR REMOVAL. PART I DEATH WAS CAUSED BY DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate (b). cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF ENT OF HEALTH AND MEI lying cause last DIVISION OF VITAL RECORDS, PART 2 DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (0 19a. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES [] NO OR: PAGE 3 SHOULD BE THE STATE DEPARTMENT 21a EXTERNAL CAUSE WAS 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR MEDICAL CONTRIBUTING CAUSE OF DEATH 19 WRITING. 21e PLACE OF INJURY (ATHOME. 21f. LOCATION STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE WHILE NOT WHILE AT WORK TO MEDICAL EXAMINER: TY EXECUTE THE CERTIFICATE, VPAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: PY AFTER DEATH, WITH THE SIX BALITMORE, MARYLAND, 2 Inspection X 220. I certify that I taak charge of the remains described above, held an Autapsy Natural causes Hamicide ___ Undetermined manner death resulted from. Accident Suicide (TYPE OR PRINT) BP 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE **DHMH** - 17 (VR A15 ME (5)) 20M 4/82



250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

24 FUNERAL DIRECTOR

"Olin L. Molesworth, P. A., Damascus, Md.

DHMH - 17

(VR A15 ME (51)

STATE OF MARYLAND

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Taking Sakupi

Olin I. molecondo, ... Lentrous, ...

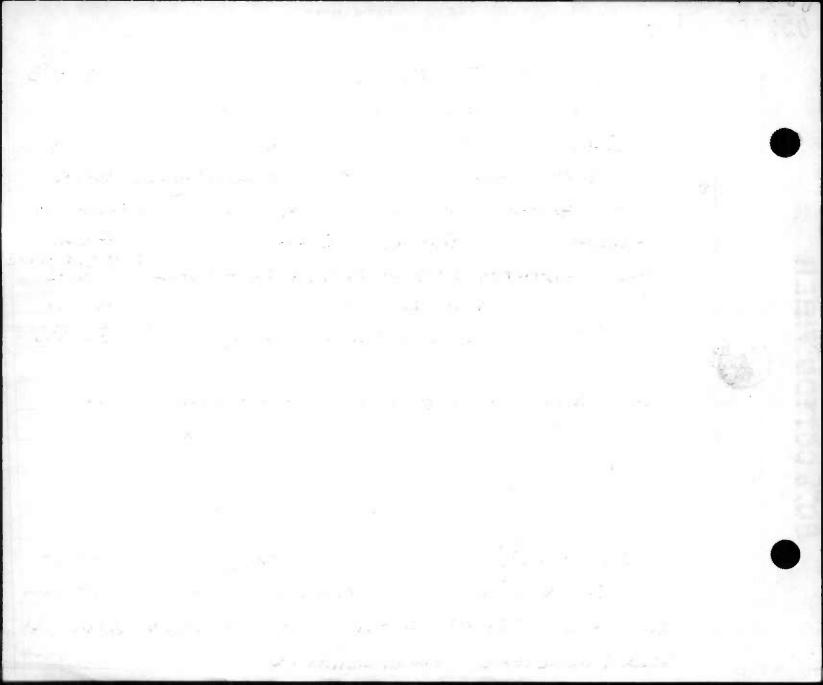
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ATTEL 1982 her onless

· King , Think , Erich .

Committee of as an

3757 HY	G.	FOR STATE REGISTRAR	DEPARTM	NENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE 7	1 4 5 9 2
froy be page 3 ther death		CEASED NAME FRST ORPRINT) Tame	4 RACE	EACCE 5. DATE OF BIRTH MONTH DAY YEAR OP 19	20 DATE OF DEATH MONT 5	-13-87 4°5
death Page A		III.	White 76 CITIZEN OF WHAT COUNTRY? U.S.	MARRIED NEVER MARRIED WIDOWED DIVORCED	BALTIMORE CITY OR CO	d County MD.
in by the	()	AL RESIDENCE IN NURSING HOME OR	OTHER INSTITUTION GIVE RESIDENCE BEFORE	anty General Hope	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WOR	west Brinks.
ed within 24		MD How	MIDDLE PEARS		3030 E. Oa	
are be executed to person and con-		VAS DECEASED EVER IN U.S. AR VES, NO OR UNKNOWN) 1/18 YES GIV	E WAR OR DATES! 357-69-	2248 Ms. Cynth	A Duens	3030-E Oak Green (S 21043 APPROXIMATE INTERVAL BETWEEN ONSE LAND DEATH
the both certification of carbon physical carbon physical carbon physical carbon physical carbon physical carbon carbon physical carbon physic			E CAUSE (0) H Cote	nce of Adeno Carcinor	na-metastat	10 days
aw requir	ATION		a, Anorexia/ca	DEATH BUT NOT RELATED TO THE TER	tien, Leukeun	
CIAN: The log physician. errificate has oil-fransit per nital Hygiene † em 18 shaw	CAL CERTIFICATION	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	HOUR A.M. MONTH DA	AY YEAR	RRED (ENTER NATURE OF INJURY IN II	YES NO
ING PHYS or attending After this co s as the bur ilth and Me	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	210 PLACE OF INJURY (AT HOME STREET FACTORY, OFFICE, F.		CITY OR TOWN	COUNTY STATE
the hospital of the hospital of the hospital of the bobit of the Dept. of them 21 is missing the present the present of the pr		sow the deceased alive on	tol) ottended the deceosed from	DEGREE	MEDICAL STAFF DIRECTOR PHYSICIAN	nd hour and from the causes stated 12c. DATE SIGNED 5-13-8-7
TO HOSPITAL (retained by the TO FUNERAL Is should be deto with the State II IMPORTANT: If			1502 2001	10806 HILL	Lory Ridse, 6	10mbin MD, 21044
BP DHMH - 16 60M 7/84 (VRA 15, 4)	(BURIAL, CREMATION, REMOVAL (SPECIFY) UNERAL DIRECTOR NAME	5-14-87 0	Box 26 & 250 DA	ATE REC'D. BY REGISTRAR 256	COUNTY STATE REGISTRAR'S SIGNATURE
(400.14, 7)	9	lack Funeral	Tome Ellic	or Charles	,	



Poge 4 moy be

requires that the death certificate be executed within 24 hours

rilled in by HF In rol director, page 3 hours ofter death

-	4 77	-	 100 bet 1	0.015	
				AND	

8 / _{REG. NO.} 1	4	j	4	
TE OF DEATHONTH	0.44	MF - 0	East 110	

STATE REGISTRAR			EALTH AND MENTAL HYG ICATE OF DEATH	BIENE 8 / REG. NO.	145	4 3
The DECEASED HAME FIRST	MIOC	Po	ppe		ONTH DAY YEAR	1000 pm
Fomale	4. RACE	to 5. DATE C	OF BIRTH	6 AGE JIN YEARS LAST BIRTH	YRS MONTHS DAY	
7a. BIRTHPLACE COUNTY	1 115	MARRIEI	D DNORCED	9. BALTIMORE CITY OR HOUGH	ed Count	hy MD.
Colombia	UF NOT IN SUCH FA	EPITAL, NURSING HOME OF CILITY, GIVE STREET ADDRESS!	PNE	Housewife		
		City or town Laurel	13d INSIDE CITY LIMITS? YES NO L		zıp CODE ersville	So 20707
William 160 WAS DECEASED EVER IN U.S	MIDDLE	Munson SOCIAL SECURITY NO.	Julia	MIDDLE	Keto	hum
	ES, GIVE WAR OR DATES)	106-26-1827	Richard Po 3347 Sudle	oppe ersville S	o Laurel	Md 20707
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210. ACCIDENT WAS UNDERLYIN OR CONTRIBUTING CAUSE ((IF EITHER NOTIFY MEGICALEXA 21d. INJURY OCCURRED WHILE AT WORK 220.1 certify that (I) (this	DF DEATH MINER) HOUR A.M. P.M. 21e PLACE OF (AT HOME, STREET,	MONTH DAY YEAR 19 INJURY FACTORY, OFFICE, FARM, ETC.)	211. HOW INJURY OCCURI	YES NO RED (ENIER NATURE OF INJURY		STATE
saw the deceased aliv	e on tid not view the body off	er death.	DEGREE ATTENDING PHYSICIAN 22e ADDRESS	death occurred on the dat MEDICAL STAFF DIRECTOR PHYSICIA	22c DA	
230. BURIAL, CREMATION, REMO	05/12		EMETERY OR CREMATORY	23d LOCATION CITY OR TOWN	COUNTY	STATE

DHMH - 16 60M 7/84

BP.

TO FUNERAL DIRECTOR: After this certificate has been signed by the offending physician and complessould be detached for use as the burial-transit permit. Then please remove carbon papers. Pages, I and with the State Dept of Health and Mental Hygiene prior to burial, cremation, or removal.

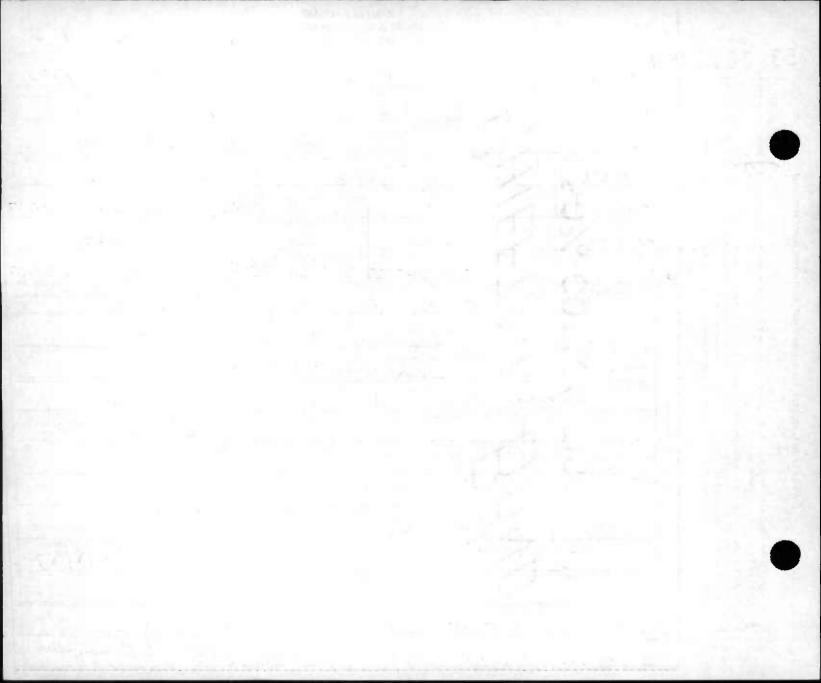
TO HOSPITAL OR ATTENDING PHYSICIAN: The low retained by the hospital or attending physician.

IMPORTANT: If Hem 21 is morked or Hem 18 spows ony injury, or other troumotic event?

(VRA 15, 4)

24 FUNERAL DIRECTOR

MAY 1 3 1987 Julia Parider Lande



		AND

8	REG. NO.	1	4	5	9	

053754 HAY 1	DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8 7 REG. NO. 4	5 9 4
ay be avage 3 death	1 DECEASED NAME (1996 OF PRINT) RUSSELL C. RUDACILE S. DATE OF DEATH MONTH DAY S. DATE OF DEATH MONTH DAY 6. AGE (IN YEARS LAST BIRTHDAY) IF UND	87 9:20am
age 4 m rector. p	MALE WHITE 5- 20- 1896 91 YRS	S DAYS HOURS MIN.
death. P.	The one of the order of the ord	NTY MD.
o de		S, KIND OF BUSINESS OR DUSTRY
ND 212	USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 130. STATE 131. GOUNTY 132. CITY OR TOWN 134. INSIDE CITY LIMITS? 136. STREET ADDRESS / ZIP CODE 3380 S. ROGERS	AVE. 21043
MARYLA within ed within	14 FATHER'S NAME FIRST MIDDLE LAST FIRST MIDDLE FIRST MIDLE FIRST MIDDLE FIRST MIDDLE FIRST MIDDLE FIRST MIDDLE FIRST MIDL	Kr/owe
BALTIMORE, I	160 WAS DECEASED EVER IN U.S. ARMED FORCES? (166. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS 8544) LO 24-03-5376 Earle Rudaeille	Hanridge Roll
. 4000	PART I. DE ATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cardiarespiratory Arrest	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
201 W. PRESTON ST. es half control certined in grand certine please remove corbon uriol, cremotion, or remove or other traumatic ev.	Conditions, if ony, which (b) Cardiac Arry hand	1 hr.
N. PR	gave rise to immediate couse (a), stating the underlying cause lost DUE TO, OR AS A CONSEQUENCE OF COTO Nary arteribs clerosis	20-30 yrs
	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN	PART Iro
AL RECORDS, No he law requir has been sig to permit. Then tene prior to b tows any injury	196 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 206 AUTOPSY? 206. IF YES, WER IN CERTIFYING YES NO YES 216. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OF	RE FINDINGS USED CAUSES OF DEATH? NO
N OF VITA SICIAN: TI ng physica certificate rical-transi frem 18 sh	LONGOLINIA DE CAUSE OF DE LA LA HOUR A.M. MONTH DAY YEAR	R PART 2)
DIVISION OF VITAL NG PHYSICIAN: The rotending physician for this certificate has certificate has the burial-transif it and Mental Hygier fund Mental Hygier orked or frem 18 show	WHILE AT WORK AT WORK AT WORK CONSTRUCT FACTORY, OFFICE, FARM, ETC.) ON COMMINISTRICT CONSTRUCT 19 216. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) STREET CITY OR TOWN COMMINISTRICT COMMINISTRICT CITY OR TOWN COMMINISTRICT COMMINIS	OUNTY STATE
TENDIN of of or TOR: Africa or for use o of Health	Sau the deceased glive an 19 57, and that in (my) (aur) apinion death accurred on the date and hour and above, (1) (we) (did) (did not) view the body after death.	that ()(we) last
AL OR AT The hosp and DIRECT Set oched to be set oched to be set oched. To the many of the many of the many of the many och the many oc	Signature Slustood & La Brosse, MD ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN	5/6/1987
TO HOSPITAL retoined by the TO FuneRal should be det with the State	Elwood H. La Brosse, M.D. 3459 & t. Johns Lane, Church City	mp 21043
BP	230. BURIAL, CREMATION, REMOVAL 236. DATE 23C. NAME OF CEMETERY OR CREMATORY 23d LOCATION CITY OF COMMENTS OF COMM	BWARD MD
DHMH - 16 60M 7/84 (VRA 15, 4)	Shock Funcial Home ADDRESS BOX 268 250 DATERED BYREGISTRAP 256 REGISTRAPS ADDRESS BOX 268 250 DATERED BYREGISTRAP 256 REGISTRAPS	SIGNATURE

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	NS H	M	ale	White	Масс	h 24		LAST BIRTHD	. Mortin	S DAYS	HOURS	MIN P	RONOUN	ICED	5	21	1987	8:35
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	IS NECESSARY, PLEASE F FINNERAL DIRECTOR. E. S-FOR YOUR FILES. D. WITHIN 72 HOURS. I W. PRESTON STREET,	10 CI	TY OR IOWN	OF DEATH			TAL NURS	NG HOME						ATION (TYP		12b KIN	ND OF BU	ISINESS
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₹,	MA 3.	19 17	THER'S NAME		MIDDLE		LAS	т	7	F	ER'S MAIDE		M	IDDLE			LAST	
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			18 CAUSE C	F DEATH (Enter of	only one couse	e per line fo	or (o), (b), o	nd (ch)	100							BETW	PPROXIMATE	INTERVAL
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	L. CAR	MEDICAL CERTIFICATION	19a DATE OF	OPERATION	19b	CONDITIO	ON FOR WH	HICH OPER	ATION W	AS PERFOR	MED?					20 A	UTOPSY?)
OF VITAL		FF														Y	ESXX	NO 🗆
- F	WORD WORD HE CHILL D BE US ENT OF	ER		AL CAUSE WAS		TIME OF I			21c HC	W INJURY	OCCURRE	D JENTER NA	ATURE OF INJ	URY IN ITEM 18	PART I OR PA		AM	
Z	A THE A	AL	UNDERLYING	OR CAUSE O	E DEATH!	P.M.	MONTH D	AY YEAR										
DIVISION	SHO THE SHOPE	NG	21d INJURY		21e	PLACE OF	INJURY (CATION								
No.	ARIT ARDE	3	WHILE E	NOT WHILE AT WORK	□ S1	TREET, FACTOR	RY, FARM, ETC.]		51	TREET			CITY OR TOV	WN	co	YTHU		STATE
									1	Vk								
	EXAMINER CERTIFICAT JLD BE FOI DIRECTOR WITH THE			fy that I took cha	1	V		7	Autops		Inspection		Inquiry		nd in my of	pinion		
	EXAMINATE DIRECT		death result	ed from No	turol couses [Δ,	Accident L	J. Su	icide	Homic		Undeter	rmined mo	nner .				
	A VECTOR	119	ACTUAL	11/	1		_				PECIFY)				DATE	-	100 10	
	ZHAZHAY.	/	SIGNATURE	0-11	//				M.	D. ASS	istan	T_MEDIC	CALEXAM	INER	SIGNI	ED_5/	21/8	
	MEDI CUTE 3E 4 C FUNE FUNE TIMO		EXAMINER'S	NAME	Willia	m M.	Zane.	MID			ווו	Penn	St		Balt	O ME)	
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07/84 25M	BP604		Suria	TOR	25 M	ay B				EMET	rry		hlan		How			Md.
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and the state of the state of the state of

55895	17	FOR STATE REGISTRAR	DEPARTA	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	SIENE REG. NO	14596
noy be poge 3		CEASED NAME OR PRINT) MILAME	MIDDIE S ACE	Sebol 5. Date of Birth	20 DATE OF DEATH A 5-30 6. AGE (IN YEARS LAST BIRTH	MONTH DAY YEAR 26 HOUR 2 AM
h Page 1:		Female RTHPLACE (STATE OR FOREIGN 76. C) OUNTRY)	White	MONTH DAY VEAR OF	9 BALTIMORE CITY OR	YRS POINTY OF DEATH
on other deciding the function of the function	i) cn	U.S. A TYOR TOWN OF DEATH OLUMBIA Md	(IF NOT IN SUCH FACILITY, GIVE STREET	WIDOWED DIVORCED DIFFORM OR OTHER INSTITUTION ADDRESS)	LOW CON 120 USUAL OCCUPATION HOMEMAKER	ON 126 KIND OF BUSINESS OR
LAND 2122	PESUA 13E S	RESIDENCE (IF NURSING HOME OR OTHER ON THE MONTO	R INSTITUTION, GIVE RESIDENCE BEFORE			ZIP CODE 20910 LERIDGE DR.
RE, MARY	lès W	HARRY /AS DECEASED EVER IN U.S. ARMED	SCHWAR FORCES? 166 SOCIAL SECU	PT7 HERMINE	BIDDIE	
BALTIMO BALTIMO COPET. Pog Soci 11. He med	N	(#YES, GIVE WA N / A 18. CAUSE OF DEATH (Enter only of PART I, DEATH WAS CAUSED BY	216-44- ne couse per line for (a), (b), and	die.)	A	10610 GORMAN I LAUREL MD APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
that the death certiful by the others are certificated by the others carbona of cremotion or remotions or other traumatic even	1878	IMMEDIATE CA	DUE TO OR AS A CONSEQUE	NCE OF PO-VASCULAR F	ARREST CLIDENT:	
ORDS, 20	NOIL	Di	ABETES MEL	DEATH BUT NOT RELATED TO THE TERM	rension; a	ud wringry traction
AL RECY	RTIFICA	198 DATE OF OPERATION	19b. CONDITION FOR WHICH	OPERATION WAS PERFORMED	YES NO	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES \(\text{\ting{\text{\titt{\text{\titt{\text{\tilit}\text{\texit{\text{\texi}\text{\text{\text{\text{\texi}\titt{\text{\texit{\text{\texit{\texi\texi{\texi{\texi{\texi{\texi}\text{\texi{\texi{\texi{\texi{\texi{\texi{\texi{\texi}\tin

ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) OR CONTRIBUTING CAUSE OF DEATH P.M 19 (IF EITHER NOTIFY MEDICAL EXAMINER) 21e. PLACE OF INJURY 211 LOCATION 21d. INJURY OCCURRED CITY OF TOWN COUNTY STATE (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE

220.1 certify that (I) (this hospital) attended the deceased from saw the deceased alive on 5 - 29 - 19 sow the deceased alive on above, (I) (we) (did) (did ng) view the body after death. and that in (my) (our) opinion death occurred on the date and hour and from the causes stated DEGREE 22b. SIGNATURE 22c. DATE SIGNED

ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN

30

236 BURIAL, CREMATION, REMOVAL BURIAL

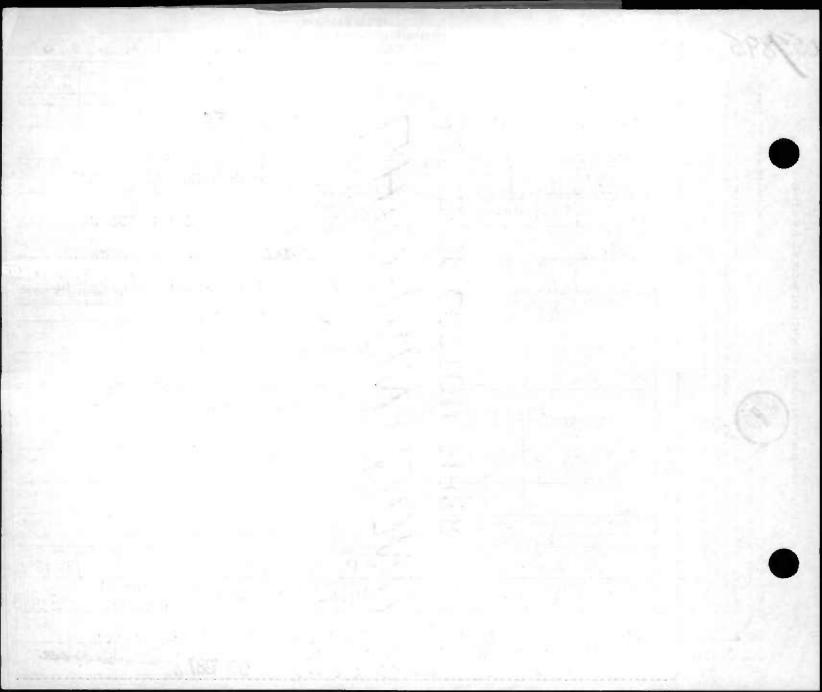
23d LOCATION CITY OF TOWN

DHMH - 16 60M 7/B4 (VRA 15, 4)

O FUNERAL DIRECTOR

DRTANT.

BURIAL 5-31-87 KING DAVID MFM GID 24 FUNERAL DIRECTORANZANSKY- GOLDBERG MEM CHP INC 2500 DATE NAME CHURCH Julia Davidson-Randall 1170 ROCKVILLE PK. ROCKVILLE MD



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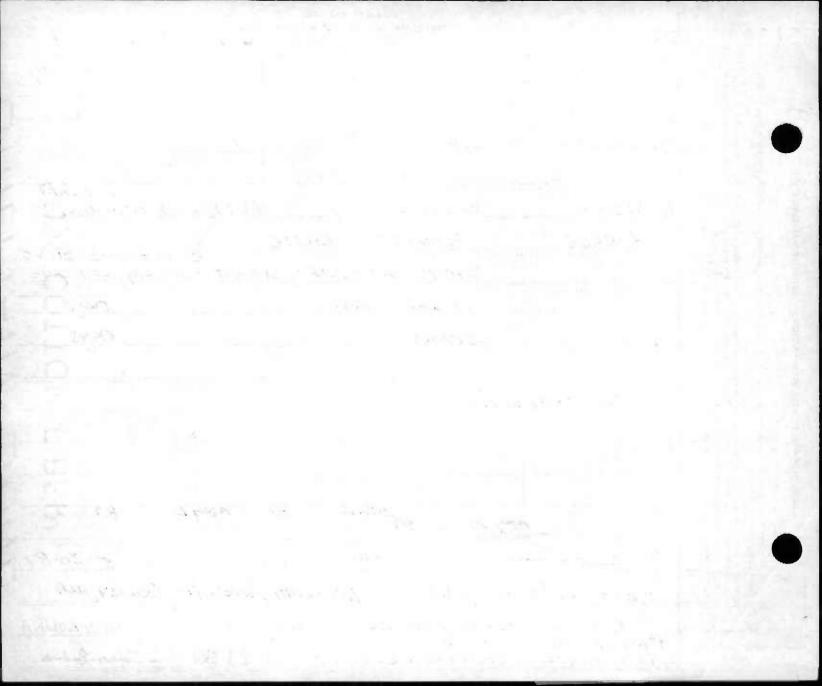
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6	j 1)-j	FOR STATE REGISTRAR		DEPAR		EALTH AND MENTAL H	8 /	1 4	5 9	1
		CEASED NAME FIRST	,	MIODLE	1	AST	REG. 2a. DATE OF DEATH		DAY YEAR 26 I	HOUR ,
	(TYPE	mad/-	2	E. a	50e	19ht		5 2	0 87 5	-3pm
	3. SEX	×	RACE		5. DATE C		6. AGE (IN YEARS LAST			NOER 24 HRS
		temale	BLO	LCK	MONTH		74	YRS. M	ONTHS DAYS HOL	URS MIN.
1	7a. BI	RTHPLACE (STATE OR FOREIGN)	L CITIZEN OF	WHAT COUNTRY	Y? 8.	NEVER MARRIED	9 BALTIMORE CITY		OF DEATH	
	N	, CAROLINA	U. S	S.A.	WIDOWE			ARd	COUNT	4 MD.
7	10 CI	3.0/wmb/L		H FACILITY, GIVE STRE		General	126 USUAL OCCUPA (TYPE OF WORK FOR MOS		12b. KIND OF BUINDUSTRY	SINESSOR
1	USU/ 13a. S	AL RESIDENCE (IF NURSING JOME OR OF STATE 136 COUNT	OTHER INSTITUTION	GIVE RESIDENCE BEFO 134. CITY OR TO SNOW H	WN	13d INSIDE CITY LIMITS?		S/ZIP CODE 106 SI	CAROUN	1///
12	14 FA	ATHER'S NAME	IDOLE .	LAST		15 MOTHER'S MAIDEN N	AME		LAST	
	1	HORACE		EDWA	1ROS	LILLIE	=			
2		VAS DECEASED EVER IN U.S. ARA YES, NO OR UNKNOWN] (IF YES, GIVE	MED FORCES?	166 SOCIAL SEC		17 INFORMANT			A, mo. 2	
1				240-90	-5461	VELMA R.	SPEIGHT 80	015 HA		
		18 CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED	y one couse per						APPROXIMATE BETWEEN ONSET	INTERVAL AND DEATH
		IMMEDIATE		Acus	e C	V.A.			Osis	
		Conditions, if any, which gove rise to immediate couse (a), stating the underlying couse last.	(b)_s	R AS A CONSEQ SEPSI R AS A CONSEQ	2				Days	
		PART 2. OTHER SIGNIFICANT CO	ONDITIONS CO	NTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TEL	RMINAL DISEASE OR CO	NDITION GIVE	N IN PART 1 o	
	NO	OSTEOMY								
	CERTIFICATION	190 DATE OF OPERATION			H OPERATIO	N WAS PERFORMED	200 AUTOPSY?	IN CERTIFY	WERE FINDINGS (DEATH?
1		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT (IF EITHER NOTIFY MEDICAL EXAMINER)	HOUR A.	M. MONTH	DAY YEAR	21c. HOW INJURY OCCU	JRRED (ENTER NATURE OF IN	JURY IN ITEM 18 PA	RT OR PART 2]	
	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE (OF INJURY EET, FACTORY, OFFICE	E, FARM ETC	7 H LOCATION STREET CITY OR TOWN			COUNTY	STATE
		22a.1 certify that (1) (this haspite saw the deceased alive an above, (1) (we) (did) (did not	nous 2	0 10	-	d that in (my) (our) opinion	on death occurred on the	dote and hour		(I) (we) lost
		ATA SIGNATURE	,	oner ocom		DEGREE		5000	22¢ DATE SIGN	VED
1		100			N	10 ATTENDING PHYSICIAN		SICIAN [5-20	0-87
		22d MYSICIAN'S NAME (TYPE OR DERY I. L	EYNE	Med		11055 Little	PARISENT FI	by Coca	untit Ma	
		BURIAL, CREMATION, REMOVAL	23b. DATE		NAME OF C	EMETERY OR CREMATORY	Y 73d LOCATION	1		
	(BURIAL	5/24/	1987 5	NOWH	ILL CEMETER	SNOW F	114	N. CAR	OLINA
	24 AC	BAYLEURFUNER	LAL H	OME			7		RAR'S SIGNATURE	
	13	48 N. CALHOUN.	ST. BAL	TIMORE	, mo.	21217 M	AY 2 1 1987	Julia D	condon Rand	liter

DHMH - 16 60M 7/84 (VRA 15, 4)

APORTANT: If Hem 21 is



STATE OF MARYLAND

1.	- STATE REGISTRAR			CERTIF	ICATE OF DEATH	GIENE / REG. NO	4	3	7 0		
1. DE	CEASED NAME	FIRST	MIDDLE		AST	20 DATE OF DEATH		DAY YEAR	26 HOUR		
	E OR PRINT)	HO.	LMES	SPOH	PEP	May 5, 198	May 5 1997				
1 SE		4. RACE	Brido	5. DATE C		6 AGE (IN YEARS LAST BIR	THDAY)	IF UNDER TYEAR	IF UNDER 2.		
त्रज	MALE	WHITI	2	MONTH	st 21, 1924	62		MONIHS DAYS	HOURS		
7a. 8	IRTHPLACE (STATE OR		OF WHAT COUNTRY	V2 II		9 BALTIMORE CITY O	R COUNTY	OF DEATH			
/	RTH CAROLI	NA U.S.		WIDOWE	D NEVER MARRIED	HOWARD	75				
	ITY OR TOWN OF DEA	TH 11. NAME		SING HOME C	OR OTHER INSTITUTION	17a USUAL OCCUPATI			F BUSINES		
CO	LUMBIA	672			VE	HOUSEWIFE	F WORKING LIF	HOME			
USU 130	STATE	ING HOME OR OTHER INSTITUTION TO THE PROPERTY HOWARD	13c CITY OR TO	NWO	134. INSIDE CITY LIMITS?	130.STREET ADDRESS A			46		
	ATHER'S NAME			LA	15. MOTHER'S MAIDEN NA	AME	EIGH				
NIT	CHOLAS S.	HOT.MES	LAST		MARY POOLE	MIDDLE		LAS	Т		
-		IN U.S. ARMED FORCE	S? 166 SOCIAL SEG	CURITY NO.	17. INFORMANT	COLUMBIA	SS MI	n 2	1046		
NO	YES, NO OR UNKNOWN)	(# YES, GIVE WAR OR DATE	244-38-	-5729	RAYMOND F.			VELEIGH			
140	T	1.5			I KATHOND F.	STOTION 072	1 GRO		MATE INTERV.		
	Conditions, if any,	'AS CAUSEĎ BY: IMMEDIATE CAUSE (a DUE TC which	, Inant	jon	lung				ONSETANOD		
	Conditions, if any, gove rise to immediate (a), stating underlying cause	AS CAUSED BY: IMMEDIATE CAUSE (a which nediate g the last. (c)	O, OR AS A CONSEQUENCE OF A	OUENCE OF							
rion	Conditions, if any, gove rise to imr cause (a), static underlying cause	AS CAUSED BY: IMMEDIATE CAUSE (a Which nediate 19 the last. VIFICANT CONDITION	O, OR AS A CONSEQUENCE OF CONTRIBUTING TO	DUENCE OF DEATH BUT	NOT RELATED TO THE TER/			EN IN PART 11	a		
TIFICATION	Conditions, if any, gove rise to immediate (a), stating underlying cause	AS CAUSED BY: IMMEDIATE CAUSE (a Which nediate 19 the last. VIFICANT CONDITION	O, OR AS A CONSEQUENCE OF CONTRIBUTING TO	DUENCE OF DEATH BUT		MINAL DISEASE OR CON 200 AUTOPSY? YES NO M	20b. IF YES		a NGS USED		
CAL CERTIFICATION	Conditions, if any, gove rise to imr cause (a), static underlying cause	Which hediote 19 the Lorentz Conditions (c) Which hediote 19 the Lorentz Conditions (c) WIFICANT CONDITION 196. CO	O, OR AS A CONSEQUENCE OF CONTRIBUTING TO	OUENCE OF ODEATH BUT	NOT RELATED TO THE TER/	200 AUTOPSY? YES NO W	20b. IF YES IN CERTIF YE	EN IN PART 11 S, WERE FINDIN YING CAUSES S	ONGS USED		
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DHMH - 16 60M 7/84 (VRA 15, 4)

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and a should be detached for use as the burial-transit permit. Then please remave carbanpopers. Page. should be detached for use as the burial-transit permit. Then please remave carban pape with the State Dept. of Health and Mental Hygiene priar to burial, cremation, ar remaval.

1630 EDMONDSON AVE.,

MD. 21228

BURIAL 5/8/87 MARYLAND VETERANS CEMEOWINGS MILLS BALTO. MD.

LENDRAL DIRECTOR RUSSELL C. WITZKE FUNERAL HOMES P.A. 250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNALURE

ALAN Q 4007

CATONSVILLE,

THE TAXABLE PARTY OF THE PARTY

054498 MAY

I director page 3 hours after death

STATE OF MARYLAND

I	I - STATE REGISTRAR	DEPART	MENT OF HEALTH AND MI CERTIFICATE OF DE	ATH O	REG. NO.	4 5	99			
ł	1. DECEASED NAME FIRST	MIDDLE	LAST	20 DATE OF DE		DAY YEAR	26 HOUR			
1	(TYPE OR PRINT)	ESTHER	STRICKLER	TIME OF THE STATE OF	-5	21 87	12.05PM			
Æ	3. SEX	4 RACE	Is. DATE OF BIRTH	6 AGE (IN YEAR	S LAST BIRTHDAY)	IF UNDER TYEAR				
1	C'C'MAT C	Tall Talls	MONTH DAY	YEAR		MONTHS DATS	HOURS MIN.			
ŀ	FEMALE 10 BIRTHPLACE (STATE OR FOREIGN	WHITE 7.6 CITIZEN OF WHAT COUNTRY?	4 18	1898 89	CITY OR COUN					
	COUNTRY)	76 CITIZEN OF WHAT COUNTRY	MARRIED WEVER MA	ARRIED '	CITT OK COOL	ATT OF BEATT				
4	Pennsylvania	II.S.A.			ard Cour		MD.			
7	10 CITY OR TOWN OF DEATH	 NAME OF HOSPITAL, NURSI (IF NOT IN SUCH FACILITY, GIVE STREET 			R MOST OF WORKIN	G LIFE) INDUSTRY	OF BUSINESS OR			
4	Ellicott City	7917 James Ave		Homem	aker					
1	USUAL RESIDENCE (IF NURSING HOME O			Y LIMITS? 13e STREET ADI	DRESS / ZIP CO	ODE				
1	Maryland How	ard Ellicot	t City YES		ames Ave		043			
7	14 FATHER'S NAME	MIDDLE LAST		MAIDEN NAME	AIDDLE	Į.A.	c r			
	Daniel	Smith		nnie	HOUSE	Fiel				
1	160 WAS DECEASED EVER IN U.S. A	RMED FORCES? 166 SOCIAL SEC			ADDRESS					
	(YES, NO OR UNKNOWN) (IF YES, G	169-26-	2863 Thomas	E. Strickler	Tr 70		1043 s Ave.			
ł				To DUTCKIET			XIMATE INTERVAL LONSET AND DEATH			
ı	PART I. DEATH WAS CAUS	inty one cause per line for (a), (b), ai ED BY	To lot.	1.0.1		BETWEEN	ONSET AND DEATH			
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ı		DUE TO, OR AS A CONSEOU	IENCE OF							
I	Conditions, if any, which	(b)								
ı	couse (a), stating the	DUE TO, OR AS A CONSEQU	ENCE OF							
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ı		CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED T	O THE TERMINAL DISEASE C	RCONDITION	GIVEN IN PART 1	a			
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	S DATE OF OPERATION	198 CONDITION FOR WAICH	OPERATION WAS PERFOR	MED ZOO AUTOPS						
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ı	WHILE NOT WHILE AT WORK	(A) NOME STACE FACTORS, OFFICE.	/		7					
١		oital) attended the deceased from.	8/ 30	19 83, 10	5/21	19.87	that ((we) lost			
ı	saw the deceased alive-	12/3/ 19	86 , and that in (my) (a	our) opinion death accurred o	in the date and	hour and from the	e couses stated			
1	27b SHOPPATORE	at him withe bady after death.	DEGREE	-		IN DAT	SIGNED			
	(pA)	A JUNE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN								
4	THE PHYSICIAN'S NAME ITHE	Milliamor	22e ADDRESS	HYSICIAN DIRECTOR L	PHYSICIAN [1-/1	10/			
1	Marris School Stroke Inc.	OK. STATE OF THE OWNER, OR STATE OF THE OWNER,								
1	Patrick White			rederick Rd.						
	236 BURIAL, CREMATION, REMOVA	L 236. DATE 23c	NAME OF CEMETERY OR CR	REMATORY 23d LOCATIO		COUNTY	STATE			
	Burial	5/26/87 F	Baltimore Nati		timore		Maryland			
	24 FUNERAL DIRECTOR	ADDRESS	21229	250. DATE REC'D. BY REG	ISTRAR 256 REC	GISTRAR'S SIGNA				
	NAME TT -1 1 TO TO	ADDRESS		MAY 25 10	07	200 0	A.			

DHMH = 16 60M 7/84

BP.

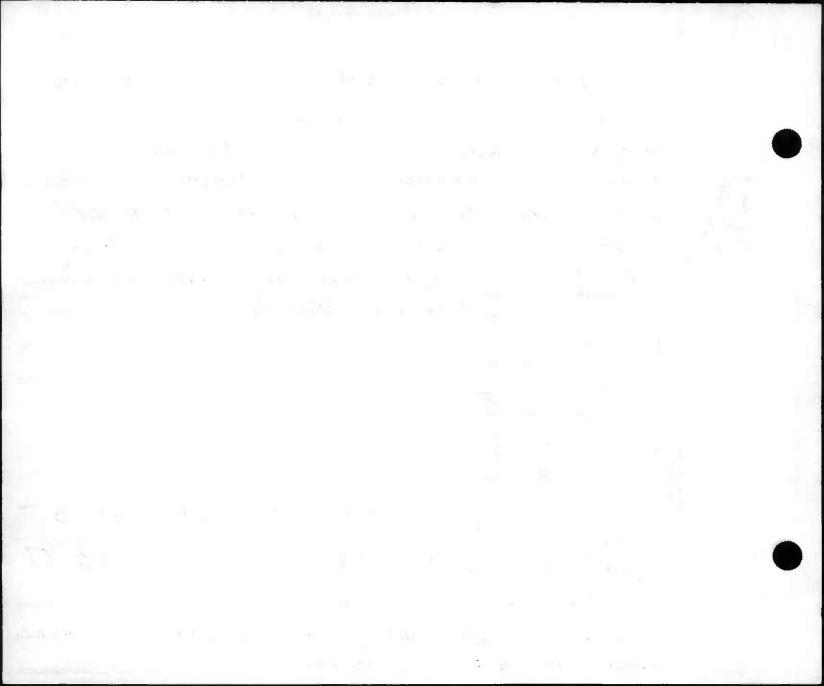
TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and c should be detached far use as the burial-transit permit. Then please remove carban papers. Pages with the State Dept. of Health and Mental Hygiene priar to burial, cremation, ar removal.

TO HOSPITAL OR ATTENDING PHYSICIAN. The law retained by the haspital ar attending physician IMPORTANT: If Hem 21 is marked or Hem 18 shaws any injury, ar ather traumatic event, the medic

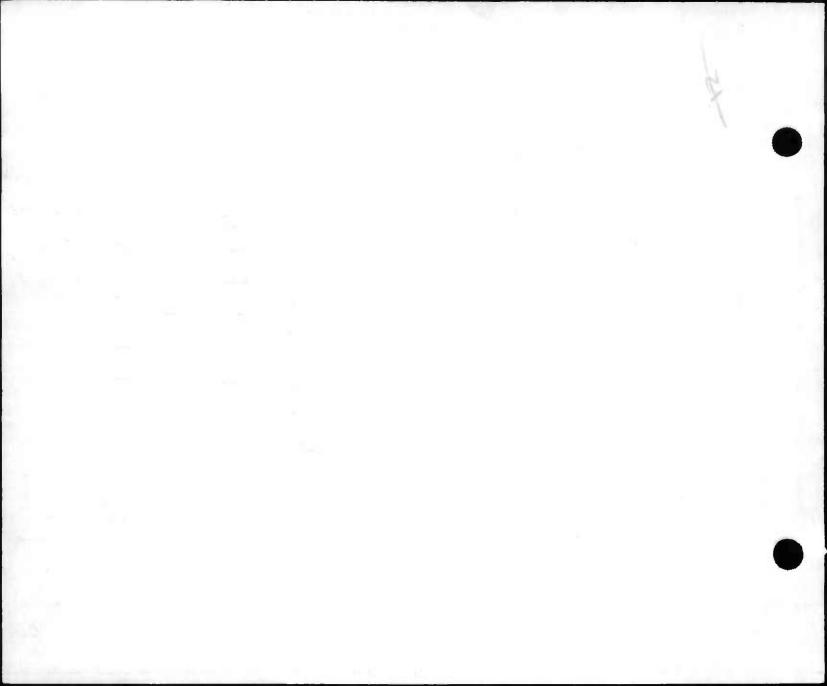
(VRA 15, 4)

ADDRESS 4107 Wilkens Ave Hubbard Funeral Home, Inc.

MAY 25



5 6	164		018	FOR STATE REGISTRAR		DEPARTM	ENT OF HE	OF MARYLAND ALTH AND MENTAL HYG CATE OF DEATH	SIENE 8	7	1 4	6	0	0
	y be ige 3 death	4		EASED NAME FIRST	MIR	Va	10 C	ek	2a DATE C	REG. NO FDEATH MO	- 8-7	YEAR	26 HO	
	Page 4 may be director, page 3 hours after death	1	3 SEX	m	4. RACE	J	S. DATE OF	18 1929		S 7	YRS	INDER 1 YEAR	HOURS	MIN.
	eath.	97	CZ	RTHPLACE (STATE OR FOREIGN OUNTRY) ECHOSLOVAKIA	u.s		WIDOWE		Ho	NARD	C	مند		MD.
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LAND 21	hin 24 hau iy filled in shavid be	35	13a S	TATE 136 COU		13-CITY OR TOWN	N/ 1	13d INSIDE CITY LIMITS? YES NO	3789	ADDRESS / Z	MEAT	[wa	DR. 2	104
BALTIMORE, MARYLAND 2120	coted will	ol exam		VACLAV VAS DECEASED EVER IN U.S. A	MIDDLE	VANICI	EK RITY NO.	JULIE 17 INFORMANT		ADDRESS		AVI		ER
ALTIMOR	The second	the medical		(IF YES G	DIVE WAR OR DATES)	13244-	7089	MILADA VANI	CEK	EUIC				10/5
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AL RECORDS,	he law requir ion has been sig	shaws any injury	CERTIFICATION	190 DATE OF OPERATION	196 CONDI	TION FOR WHICH	OPERATION	N WAS PERFORMED	20e AUT		Db. IF YES, V N CERTIFY IN YES [G CAUSE		TH?
ON OF VIT	PHYSICIAN. 1 ending physic this certificate	or them 18 sho	MEDICAL CER	210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DI (IF EITHER NOTIFY MEDICAL EXAMINI 216 INJURY OCCURRED	R) HOUR A./	M. MONTH DA M. DEINJURY	YEAR 19	211 LOCATION	RED (ENTERN		ITEM IS PART	7		
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	BP	-		SPECIFY) SPECIFY SPE	3 JUX	18 89 W	ESTVI	EN MEM-PK	. CA	PEGISTRAR 256	LE S	BALI	TUPE	mo.
	DHMH - 16 (VRA 1.		SZ	NAME PCK FUNERAL	Home	ELLICO.	BOXE	200	JUN9	1987		Devides		latto



15	5085	U.1 -	OF STATE REGISTRAR			DEPARTN	NENT OF H	E OF MARYLAN EALTH AND ME ICATE OF DE	NTAL HYG	IENE 8 7	NO.
	sy be oge 3 deoth		I. DECEASED NAME (TYPE OR PRINT)	ROSI	4 £	MIDDLE	Vo	elcke	-	20. DATE OF DEATH	MONTH 5
2	ge 4 mp ector, po		Femal	e	4. RACE Wh	ite	5. DATE O		YEAR 03	6. AGE (IN YEARS LAST	BIRTHDAY)
	leoth. Po	25	To BIRTHPLACE (STATE O		76. CITIZEN OF U.S	.A.	MARRIE WIDOWE	D NEVER MA	RRIED	9 BALTIMORE CITY Howard	
10	by the further desired with	1	Columbia,	MD		HOSPITAL, NURSIN H FACILITY, GIVE STREET A ALD CO	DDRESS)_	enera		126. USUAL OCCUP. 11YPE OF WORK FOR MO: Retired	ST OF WORL
AND 2120	2	35	USUAL RESIDENCE IF NO 130 STATE Maryland	13b COUP	other institution	13t. COTUMB		13d. INSIDE CITY	LIMITS?	13. STREET ADDRES	
MARYLAND		2	FATHER'S NAME FIRST Cec	il Bai	Tey	LAST		15. MOTHER'S M	arie		
IMORE,	Poppe .	Cop/	(YES, NO NONKNOWN)		MED FORCES? (E WAR OR DATES)	215 12 4		Mrs Mar		e Shinnamo	on 75
T., BALT	ifficate I physicio mooperi emosal.	T .	18 CAUSE OF DEA	WAS CAUSE		Metas	Fall	o Car	cini	meva	1 th
STONS	Seath ce Mending ve corbo	oumatic	Candilions, if ar	y, which	DUE 10, 0	R AS A CONSEQUE	NCE OF	0		colond	

County 12b. KIND OF BUSINESS OR OST OF WORKING LIFE) INDUSTRY Ins, Agent SS / ZIP CODE Cedar Lane LAST 759 Chester Md 21619 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH gove rise la immediate (a), stoting DUE TO, OR AS A CONSEQUENCE OF underlying cause PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 198 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20s AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO [NO YES [216. TIME OF INJURY ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR LIFEITHER NOTIFY MEDICAL EXAMINER! P.M 19 211 LOCATION 21d INJURY OCCURRED 21e. PLACE OF INJURY CITY OR TOWN COUNTY STATE AT HOME, STREET, FACTORY, OFFICE, FARM, ETC) NOT WHILE 27a | certify that (1) (this haspital) attended the deceased from nd that in (my) (our) opinion death occurred on the date and hour and from the causes stated 27b. SIGNATUR DEGREE 221 DATE SIGNED ATTENDING MEDICAL STAFF DIRECTOR PHYSICIAN PHYSICIAN [22e. ADDRESS

23c NAME OF CEMETERY OR CREMATORY

Meadowridge

BP. DHMH - 16 60M 7/84 (VRA 15, 4)

O FUNERAL DIRECTOR

ORTANT.

ISPECIFY Burial

24 FUNERAL DIRECTOR Harry H Witzke 4112 Old Columbia Pike Ellicott

June 3, 1987

250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

Howard

Maryland

23d LOCATION CITY OR TOWN MONTH

Y OR COUNTY OF DEATH



0550	288	JU	13	FOR STATE REGISTRAR			STATE OF MARYLA TO F HEALTH AND A ERTIFICATE OF D	MENTAL HYGI	8 7	. NO.	4 6	0 2
Thin 24 hours ofter death. Page 4 may be	and completely filled in by the funeral director, page 3 ages,1 and 2 strougld be filed within 72 hours after death	Source So	3. SE. 70. BI	THPLACE ISTATE OR FOREIGN OUNTRY TY OR JOWN OF DEATH LE RESIDENCE (IF NURSING HOME OF TAKE) THER'S NAME George J. K VAS DECEASED EVER IN U.S. AI	A RACE TO CITIZEN OF WH TO CITIZEN OF HOS TO THER INSTITUTION GIVEN ANDDER THE INSTITUTION GIVEN ANDDER THE INSTITUTION GIVEN ANDDER THE INSTITUTION GIVEN ANDDER THE INSTITUTION GIVEN THE INSTIT	S. S. AT COUNTRY? 8	AISSIONI 134. INSIDE CYES DIS. MOTHER'S Ed	MARRIED VORCED VO	BALTIMORE CIT BALTIMORE CIT CITE USUAL OCCUP HOUSEW SERET ADDRE	Y OR COUNTY ATION ATION ATION ST. OF WORKING LIFE BRESS	126 KIND OI INDUSTRY	
es that the death certificate be	the attending physician remove carbanpapers.P ematian, ar remaval.			NO 18 CAUSE OF DEATH lEnter of PART I. DEATH WAS CAUSI IMMEDIA Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause lost. PART 2 OTHER SIGNIFICANT	nly one couse per ligo ED BY: ITE CAUSE (a) DUE TO, OR A: (b) DUE TO, OR A:	S A CONSEQUENC	EOF EOF	Fa	ulure		APPRÖXU BETWEEN C	MATE INTERVAL INSET AND DEATH
HOSPITAL OR ATTENDING PHYSICIAN: The law requiring by the hospirol or ottending physician.	ERAL DIRECTOR, After this certificate has been be detached for use as the buriol-transit permit. The State Dept. of Health and Mental Hygiene prior to the state of the state	-	MEDICAL CERTIFICATION	190 DATE OF OPERATION 210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE CIFET AND CONTRIBUTING OR CONTR	21b. TIME OF IN HOUR A.M. R) P.M. 21e PLACE OF (AT HOME STREET.	NURY MONTH DAY INJURY FACTORY OFFICE, FARM	YEAR 19 211 LOCATIC STREET DEGREE	JURY OCCURRED DN 19 (our) opinion de ATTENDING PHYSICIAN	200 AUTOPSY? YES NO CITY O CITY O Coth occurred on the	20b. IF YES, IN CERTIFY YES IN JURY IN ITEM 18 PARTOWN	WERE FINDING CAUSES THE TORPART (2) COUNTY	STATE
O HO	should b	2		William t	TOW	7.2 MID	1175	5 Little	tuture	V Col	umy	w YKY-

DHMH - 16 60M 7/B4

(VRA 15, 4)

(SPECIFY)

230. BURIAL, CREMATION, REMOVAL

Buria1

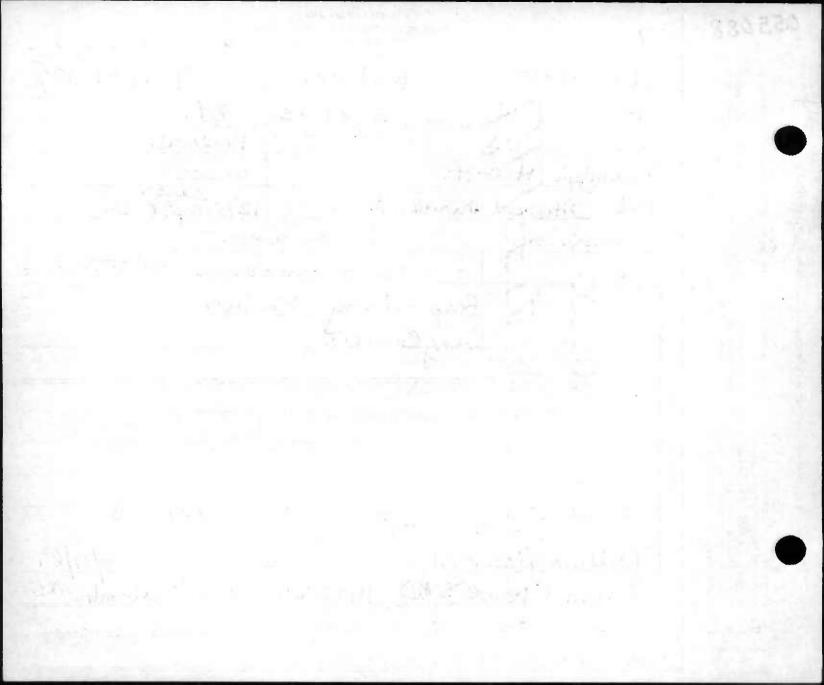
236. DATE June 2, 1987

23c. NAME OF CEMETERY OR CREMATORY New Cathedral

23d. LOCATION

24 FUNERAL DIRECTOR Harry H Witzke 4112 Old Columbia Pike Ellicott

City 250. Date REC'D. BY REGISTRAR 250 REGISTRAR 3 SIGNATURE 1 COLT



ATTENDING PHYSICIAN.

TO HOSPITAL OR ATTEN

05330

STATE OF MARYLAND DEDADTMENT OF HEALTH AND MENTAL HYCIENE

0	000		
0	REG.	NO.	

	1	FOR STATE	DEPART		TH AND MENTAL H	GIENE	1 4	4 5 7
D.S. KLY	10	REGISTRAR			ATE OF DEATH	REG. NO		0 0 3
m.E		CEASED NAME FIRST	WIDDLE	LAST		20 DATE OF DEATH	MONTH DAY Y	ZEAR ZE HOUR
deod		Mary	M.	WI			5 98	7 4 3 M
offer p	3 SE	× / 4	RACE	5 DATE OF B	DAY YEAR	6. AGE (IN YEARS LAST BIRTH		DATS HOURS MIN.
and	-	temale	white		1120-2		1110	
2 000	a. B	RTHPLACE (STATE OF FOREIGN 76	CITIZEN OF WHAT COUNTRY?	MARRIED [NEVER MARRIED	9 BALTIMORE CITY OF	COUNTY OF DEA	TH
11/6/	30.0	ITY OR TOWN OF DEATH 4	1. NAME OF HOSPITAL, NURSIN	WIDOWED				
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1	050	AL RESIDENCE (IF NURSING HOME OR O)	BON SECOUS		CARE PAG	7 Retired T		1 751
1135	13a .	TATE D HIS COUNT	BALT.	/N 113d	INSIDE CITY LIMITS?	312 PARTS	ZII COOL	lto., Md.
1000	A. F.	ATHER'S NAME	DDLE LAST	15	MOTHER'S MAIDEN		1	LACT
11 200	LF	rancisco	marc	oni	Reate		+3	Nobil
21 30		VAS DECEASED EVER IN U.S. ARMI	WAR OR DATES)		INFORMANT 191	Rolling Gle	h RdBal	to., Md.
22		No	216-07	.0321 M	r.William	J.Maczis		#21228
		18 CAUSE OF DEATH Enter only PART I. DEATH WAS CAUSED	one cause per line for (a), (b), on		E-1		861	APPROXIMATE INTERVAL
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100 100	CER	218. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY HOUR A.M. MONTH DA	AY YEAR 21	. HOW INJURY OCCU	JRRED FENTER NATURE OF INJURY	IN ITEM 18 PART I ORPA	4RT 2)
1011/	3	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)	P,M,	19				
this of the state	MEDIC	21d. INJURY OCCURRED	21 e. PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, F		LOCATION	CITY OR TOW	N COUN	NTY STATE
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O NO #		72b. SIGNAHORE RALES)	DEG	REE ATTENDING	MEDICAL STAFF		DATE SIGNED
####—		22d PHYSICIAN'S NAME (THE OF	L- (122	PHYSICIAN	TOTRECTOR PHYSICI		wh (1, 148)
PORTA		CHARURS R.	GRAHAMJR	- "	299 Fredo	rick FR bal	H pl 4	29
2013	23e I			NAME OF CEME	TERY OR CREMATORY	23d LOCATION		
		Burial	5-13-87 Ba	lto. Na	t'l.Cemete	ry Balto.	COUNTY	Md.
- 16 60M 7/B4	24 F	UNERAL DIRECTOR	3512	Frederi	cac Arc 250 D	ATE REC'D. BY REGISTRAR 2	56. REGISTRAR'S SIG	GNATURE CONTINUES
(RA 15, 4)	G	. IrumAN SCH	WAB #2	1229		MAY 1 2 1987	.com rac	

DHMH - 16 60 (VRA 15, 4)

